

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39368

Entity Name: RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1193 SE PORT ST LUCIE BLVD
PMB #188
PORT ST LUCIE, FL 34952**Current Mailing Address:**1193 SE PORT ST LUCIE BLVD
PMB #188
PORT ST LUCIE, FL 34986 US**FEI Number:** 59-3033883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOALS, ROBERT TREASURER
1193 SE PORT ST LUCIE BLVD
PMB #188
PORT ST LUCIE, FL 34986 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ROBERT BOALS

02/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MANNING, MARILYN
Address	1193 SE PORT ST LUCIE BLVD PMB #188
City-State-Zip:	PORT ST LUCIE FL 34952

Title	VP
Name	RENNA, CECILE
Address	1193 SE PORT ST LUCIE BLVD PMB #188
City-State-Zip:	PORT ST LUCIE FL 34952

Title	TREASURER
Name	BOALS, ROBERT
Address	1193 SE PORT ST LUCIE BLVD PMB #188
City-State-Zip:	PORT ST LUCIE FL 34952

Title	SECRETARY
Name	CARLSON, DAVID
Address	1193 SE PORT ST LUCIE BLVD PMB #188
City-State-Zip:	PORT ST LUCIE FL 34952

Title	DIRECTOR
Name	MCGOVERN, JEANINE
Address	1193 SE PORT ST LUCIE BLVD PMB #188
City-State-Zip:	PORT ST LUCIE FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BOALS

TREASURER

02/22/2022

Electronic Signature of Signing Officer/Director Detail

Date