

**2024 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:**

PARRISH, RICHARD 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:** RICHARD E PARRISH

03/06/2024

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

Title DIRECTOR  
Name BROCKETT, ALLAN  
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 SECRETARY  
Name HERRING, KIMBERLY  
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:** RICHARD E PARRISH

TREASURER

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date