

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39368

Entity Name: RIVER VISTA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1112 SE WESTCHESTER DR.
PORT ST LUCIE, FL 34952**Current Mailing Address:**1112 SE WESTCHESTER DR.
PORT ST LUCIE, FL 34952 US**FEI Number:** 59-3033883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEELAN, JAMES G
1112 SE WESTCHESTER DR
PORT ST LUCIE, FL 34952 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	CHIRELLI, VIRGINIA
Address	1106 SE MITCHELL AVE.
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	T
Name	SCHEFFNER, NORMAN
Address	1108 SE MITCHELL AVE.
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	VP
Name	SKINNER, KELLY
Address	3307 SE RIVER VISTA DR.
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	P
Name	ERION, FRANK
Address	3243 SE RIVER VISTA DR.
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	D
Name	RAMIREZ, MARITZA
Address	3266 SE RIVER VISTA DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	REGISTERED AGENT
Name	KEELAN, JAMES G
Address	1112 SE WESTCHESTER DR.
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: JAMES G. KEELAN**REGISTERED AGENT****04/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date