

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715510

FILED
Apr 29, 2005
Secretary of State

Entity Name: C.T.A. RIVER APARTMENTS, INC.

Current Principal Place of Business:

4505 NORTH ROME AVENUE
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

4505 NORTH ROME AVENUE
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: 59-1371756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, TERRANCE J
5109 RIVER BOULEVARD
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

WILSON, TERRANCE J
5101 RIVER BOULEVARD
TAMPA, FL 33603 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: TERRANCE J. WILSON

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LYONS, YVONNE
Address: 503 LANTERN CIR
City-St-Zip: TAMPA, FL 33617 US

Title: P () Delete
Name: WILSON, TERRANCE J.,
Address: 5101 RIVER BLVD.
City-St-Zip: TAMPA, FL 33603 US

Title: ST () Delete
Name: BOYD, MARJORIE
Address: 518 SPROTSMAN PARK DR
City-St-Zip: SEFFNER, FL 33584 US

Title: D () Delete
Name: KIKER, CHARLES
Address: 2813 HARDER OAKS
City-St-Zip: VALRICO, FL 33594 US

Title: D () Delete
Name: FRIERSON-COUSIN, RACHELLE
Address: 207 ROSANA DR.
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILSON, ELIZABETH G
Address: 5101 N. RIVER BOULEVARD
City-St-Zip: TAMPA, FL 33603 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRANCE J. WILSON

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date