

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715510

FILED
Apr 14, 2009
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:

YVONNE, LYONS
503 LANTERN CIRCLE
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: CLEMENTS, JEAN
Address: 3134 W COACHMAN AVE
City-St-Zip: TAMPA, FL 33611 US

Title: ST () Delete
Name: HOGAN, SHARON
Address: W. BURKE STREET
City-St-Zip: TAMPA, FL 33614 US

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

Title: D () Delete
Name: BROWN, JERRI
Address: 7007 TIDEWATER TRAIL
City-St-Zip: TAMPA, FL 33619 US

Title: D () Delete
Name: PERRY, JOHN
Address: 9318 N. DARTMOUTH
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/T (X) Change () Addition
Name: HOGAN, SHARON
Address: W. BURKE STREET
City-St-Zip: TAMPA, FL 33614 US

Title: D (X) Change () Addition
Name: DUPREE, MARILYN
Address: N RIVER HIGHLAND PLACE
City-St-Zip: TAMPA, FL 33617

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: YVONNE LYONS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date