

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47859

FILED
Mar 18, 2004
Secretary of State**Entity Name:** RIVER PARK PHASE 1 COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST S.R. 434
SUITE 5000
LONGWOOD, FL 32779**New Principal Place of Business:****Current Mailing Address:**2180 WEST S.R. 434
SUITE 5000
LONGWOOD, FL 32779**New Mailing Address:****FEI Number:** 59-3111191**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W. JR
C/O SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434 STE 5000
LONGWOOD, FL 32779 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:** PD () Delete
Name: VALENTINE, ROBERT
Address: 10223 WILLOWEMAC CT
City-St-Zip: ORLANDO, FL 32817**Title:** VD () Delete
Name: HRYCAJ, JUDITH
Address: 2070 RIVER PARK BLVD
City-St-Zip: ORLANDO, FL 32817**Title:** SD () Delete
Name: KIAAINA, MICHELLE
Address: 10261 WILLOWEMAC CT
City-St-Zip: ORLANDO, FL 32817**Title:** TD () Delete
Name: OLIVER, ALLEN
Address: 10204 WILLOWEMAC COURT
City-St-Zip: ORLANDO, FL 32817**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPD (X) Change () Addition
Name: HRYCAJ, JUDITH
Address: 2070 RIVER PARK BLVD
City-St-Zip: ORLANDO, FL 32817**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: HRYCAJ, STEVE
Address: 2070 RIVER PARK BLVD
City-St-Zip: ORLANDO, FL 32817

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: ROBERT VALENTINE

PD

03/18/2004

Electronic Signature of Signing Officer or Director

Date