

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90086 027 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 715510 1. Entity Name C.T.A. RIVER APARTMENTS, INC.																													
Principal Place of Business 4505 NORTH ROME AVENUE TAMPA, FL 33603 US				Mailing Address 4505 NORTH ROME AVENUE TAMPA, FL 33603 US																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40075240 03312008 Chg-NP CR2E037 (12/06)																									
City & State		City & State																											
Zip		Zip																											
Country		Country																											
4. FEI Number 59-1371756				Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WILSON, TERRANCE J 5101 RIVER BOULEVARD TAMPA, FL 33603				7. Name and Address of New Registered Agent Name Yvonne Lyons Street Address (P.O. Box Number is Not Acceptable) 503 Lantern Circle City Temple Terrace FL Zip Code 33617																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Yvonne Lyons</i></u> Yvonne Lyons <u>4/15/08</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VP</td> <td style="width: 15%;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LYONS, YVONNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>503 LANTERN CIR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33617</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Yvonne Lyons</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>503 Lantern Circle</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Temple Terrace, FL 33617</td> <td></td> </tr> </table>						TITLE	VP	☐ Delete	NAME	LYONS, YVONNE		STREET ADDRESS	503 LANTERN CIR		CITY-ST-ZIP	TAMPA, FL 33617		TITLE	P	☐ Change ☐ Addition	NAME	Yvonne Lyons		STREET ADDRESS	503 Lantern Circle		CITY-ST-ZIP	Temple Terrace, FL 33617	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u><i>Yvonne Lyons</i></u> Yvonne Lyons <u>4/15/08</u> (813) 238-7902 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													