

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47859

FILED  
Apr 22, 2009  
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  
2180 WEST S.R. 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: JAMES W HART JR

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HANSEN, ERIK  
Address: 2168 RIVER PARK BLVD  
City-St-Zip: ORLANDO, FL 32826

Title: VPD ( ) Delete  
Name: THOMPSON, BRANDON  
Address: 1994 RIVER PARK BLVD  
City-St-Zip: ORLANDO, FL 32817

Title: SD ( ) Delete  
Name: ST JOHN, CHRIS  
Address: 10257 WILLOWEMAC CT  
City-St-Zip: ORLANDO, FL 32817

Title: TD (X) Delete  
Name: GLEN, LYNN  
Address: 2116 RIVER PARK BLVD  
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Delete  
Name: STEWART, DAVID  
Address: 10237 WILLOWEMAC CT  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MOUSER, SHEILA  
Address: 2018 RIVER PARK BLVD  
City-St-Zip: ORLANDO, FL 32826

Title: VPD (X) Change ( ) Addition  
Name: HERRERO, DORIS  
Address: 2054 RIVER PARK BLVD  
City-St-Zip: ORLANDO, FL 32817

Title: TSD (X) Change ( ) Addition  
Name: SHAVER, TOMICA  
Address: 2004 SCHOHARIE CT  
City-St-Zip: ORLANDO, FL 32817

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: SHEILA MOUSER

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date