

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715510

FILED
Apr 12, 2011
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
Name: LYONS, YVONNE
Address: 503 LANTERN CIRCLE
City-St-Zip: TAMPA, FL 33617 US

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

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

Title: D
Name: DUPREE, MARILYN
Address: N RIVER HIGHLAND PLACE
City-St-Zip: TAMPA, FL 33617

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

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

I hereby 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 all other like empowered.

SIGNATURE: YVONNE LYONS

P

04/12/2011

Electronic Signature of Signing Officer or Director

Date