

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49727

FILED  
Mar 23, 2012  
Secretary of State

**Entity Name:** THREE RIVERS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3113 THREE RIVERS ROAD  
PUNTA GORDA, FL 33982 US

**New Principal Place of Business:**

**Current Mailing Address:**

3113 THREE RIVERS ROAD  
PUNTA GORDA, FL 33982 US

**New Mailing Address:**

**FEI Number:** 65-0347110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARR, LELAND  
PEEPLS APPRAISAL SERVICES INC.  
301 WEST MARION AVE.  
PUNTA GORDA, FL 33950 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: PRES  
Name: LEE, DOUGLAS A  
Address: 3113 THREE RIVERS ROAD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VP  
Name: ARMSTRONG, JEFF  
Address: 3090 DAVID STREET  
City-St-Zip: PUNTA GORDA, FL 33982

Title: S/T  
Name: LEE, NANCY  
Address: 3113 THREE RIVERS RD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: DIR  
Name: PASSARO, LOUIS J  
Address: 3071 THREE RIVERS ROAD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: DIR  
Name: RIETVELD, MARTIN L  
Address: 3122 DAVID STREET  
City-St-Zip: PUNTA GORDA, FL 33982

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: DOUGLAS A. LEE

PRES

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date