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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.

400752460

Principal Place of Business	Mailing Address
4505 NORTH ROME AVENUE TAMPA, FL 33603 US	4505 NORTH ROME AVENUE TAMPA, FL 33603 US

03312008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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	7. Name and Address of New Registered Agent
WILSON, TERRANCE J 5101 RIVER BOULEVARD TAMPA, FL 33603	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 Yvonne Lyons Yvonne Lyons 4/15/08
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

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LYONS, YVONNE 503 LANTERN CIR TAMPA, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Yvonne Lyons 503 Lantern Circle Temple Terrace, FL 33617	☐ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILSON, TERRANCE J. 5101 RIVER BLVD. TAMPA, FL 33603	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jean Clements 3134 W. Coachman Ave Tampa, FL 33611	☐ Change ☐ XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BOYD, MARJORIE 518 SPROTSMAN PARK DR SEFFNER, FL 33584	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Sharon Hogan W. Burke Street Tampa, FL 33614	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, ELIZABETH G 5101 N. RIVER BOULEVARD TAMPA, FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ted Lierman 1424 Four Seasons Blvd. Tampa, FL 33613	☐ Change ☐ XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIERSON-COUSIN, RACHELLE 207 ROSANA DR. BRANDON, FL 33511	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jerri Brown 7007 Tidewater Trail Tampa, FL 33619	☐ Change ☐ XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Perry 9318 N. Dartmouth Tampa, FL 33612	☐ Change XX Addition

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: Yvonne Lyons 4/15/08 (813) 238-7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #