

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715510

FILED  
Mar 25, 2010  
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 (X)**

**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

03/25/2010

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

\_\_\_\_\_  
Date