2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

DOCUMENT# 715510

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: COOK, FAYE
Address: 2808 WILDER PARK DR
City-St-Zip: PLANT CITY, FL 33566 US

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

Title: D
Name: LIERMAN, TED
Address: 1424 FOUR SEASONS BLVD
City-St-Zip: TAMPA, FL 33613 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 04/03/2012

Electronic Signature of Signing Officer or Director — Date