

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749074

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** RIO GRANDE HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

% ROBERT L. BATES  
1824 W. GRANT ST.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

% ROBERT L. BATES  
1824 W. GRANT ST.  
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number:** 31-1404228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLOWER, BRUCE W., ESQUIRE  
SUITE 100,500 N MAITLAND AVE  
MAITLAND FL, FL 32801 US

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

FLOWER, BRUCE W., ESQUIRE  
SUITE 100,500 N MAITLAND AVE  
MAITLAND, FL 32801 US

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:

03/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, JOHN  
Address: 1820 W GRANT ST  
City-St-Zip: ORLANDO, FL 32805

Title: VP ( ) Delete  
Name: MARTIN, EARL  
Address: 1825 W GRANT ST  
City-St-Zip: ORLANDO, FL 32805

Title: ST ( ) Delete  
Name: BATES, ROBERT  
Address: 1824 W. GRANT ST  
City-St-Zip: ORLANDO, FL 328056027

Title: D ( ) Delete  
Name: MILLEK, CORNELLES,  
Address: 2404 RIO LANE  
City-St-Zip: ORLANDO, FL 00000,

Title: D ( ) Delete  
Name: LEWIS, ALLEN  
Address: 1810 W GRANT STREET  
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete  
Name: WHISENANT, GARY  
Address: 1713 26TH ST  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT L. BATES

SEC

03/18/2009

Electronic Signature of Signing Officer or Director

Date