2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 749872

Entity Name: RIVER OAKS RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

ONE PRESIDENT PLAZA
4902 EISENHOWER BLVD STE 216
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

ONE PRESIDENT PLAZA
4902 EISENHOWER BLVD STE 216
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-2182237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADE MYERS REAL MANAGE LLC
ONE PRESIDENT PLAZA
4902 EISENHOWER BLVD STE 216
TAMPA, FL 33634 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 ( ) Delete
Name: HARDY, GAIL
Address: 4821 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: VP ( ) Delete
Name: ANTHONY, GREG
Address: 5026 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: S ( ) Delete
Name: KAUFER, THEODOR
Address: 7812 NIAGARA AVE
City-St-Zip: TAMPA, FL 33617

Title: T ( ) Delete
Name: MENDEZ, MIRIAM
Address: 4607 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: JONES, GAVY
Address: 5109 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: MCCRAY, CEDRIC
Address: 4959 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617

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:

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: GAIL HARDY P 01/20/2009

Electronic Signature of Signing Officer or Director — Date