

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 18, 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:**3750 GUNN HIGHWAY
SUITE 109
TAMPA, FL 33618 US**Current Mailing Address:**ONE PRESIDENT PLAZA
4902 EISENHOWER BLVD STE 216
TAMPA, FL 33634 US**New Mailing Address:**3750 GUNN HIGHWAY
SUITE 109
TAMPA, FL 33618 US**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:**AVID PROPERTY MANAGEMENT INC
3750 GUNN HIGHWAY
SUITE 109
TAMPA, FL 33618 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: AVELINO VIDE

08/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MCINTYRE, CORLIS
Address: 5149 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617**Title:** VP () Delete
Name: ROBARD, JAMES
Address: 5034 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617**Title:** S () Delete
Name: JONES, GARY
Address: 5109 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617**Title:** T () Delete
Name: ROSS, MINNIE
Address: 5118 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617**Title:** D () Delete
Name: JACOB, MARY
Address: 4925 PURITAN CIRCLE
City-St-Zip: TAMPA, FL 33617**Title:** D () Delete
Name: SOLOMON, ISAIAH
Address: 4981 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: CORLIS MCKINTIRE

PRES

08/18/2009

Electronic Signature of Signing Officer or Director

Date