

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756570

FILED
Apr 21, 2008
Secretary of State

Entity Name: SPORTSMAN'S RIVERSIDE TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

5214 S. SWIFTWATER WAY
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

5214 S. SWIFTWATER WAY
HOMOSASSA, FL 34448 US

New Mailing Address:

FEI Number: 59-2482625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
311 PARK PLACE BLVD., SUITE 250
CLEARWATER, FL 33759 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: PD () Delete
Name: STOKLEY, MARSHA
Address: 5128 S SWIFTWATER WK
City-St-Zip: HOMOSASSA, FL 34448

Title: TREA () Delete
Name: BERRY, ROSE
Address: 5111 GRAY PELICAN
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: WEINMAN, GEORGE
Address: 5148 S. SWIFTWATER WAY
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: ROCKEY, CHARLES
Address: 5160 S SWIFTWATER WAY
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: ALLEN, CHARLES
Address: 5157 S GRAY PELICAN WAY
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STOKLEY, MARSHA
Address: 5128 S SWIFTWATER WAY
City-St-Zip: HOMOSASSA, FL 34448

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: ROSE BERRY

TREA

04/21/2008

Electronic Signature of Signing Officer or Director

Date