## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 760197** 

FILED Jan 14, 2009 Secretary of State

Entity Name: RIVER OAKS CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US

Current Mailing Address: New Mailing Address:

7001 TEMPLE TERR HWY
TEMPLE TERR, FL 33637 US
7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

FEI Number: 59-2182233 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DUARTE, ANTONIO II 6221 LAND O LAKES BLVD LAND O LAKES, FL 34639 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 HOWARD, CARL
 Name:
 HOWARD, CARL

 Address:
 7814 NIAGARA AVENUE
 Address:
 7814 NIAGARA AVENUE

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:
 TAMPA, FL 33617

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: BARJA, CATHY Name: BISHOP, DEBBIE

Name: BARJA, CATHY Name: BISHOP, DEBBIE
Address: 7820 NIAGARA AVENUE Address: 6316 SOUTH QUEENSWAY DRIVE

City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33617

Title: STD () Delete Title: () Change () Addition

 Name:
 CAULK, CYNTHIA
 Name:

 Address:
 4917 PURITAN CIR
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 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: CYNTHIA CAULK S 01/14/2009