

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761153

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: RIO PINAR LAKES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4962 N PALM AVE  
WINTER PARK, FL 327929111 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 677307  
ORLANDO, FL 328677307 US

**New Mailing Address:**

FEI Number: 59-2140596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRASCA, JOSEPH  
% PREFERRED COMMUNITY MANAGEMENT  
4962 N PALM AVE  
WINTER PARK, FL 327929111 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: TSD ( ) Delete  
Name: MCKENZIE, DIANE  
Address: 7846 ALTAVAN AVE  
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete  
Name: HERBERTO, ROMERO  
Address: 7858 ALTAVAN AVE  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: NEWLAND, AMANDA  
Address: 2748 RIO PINAR LAKES BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: JORGE, ROSEMARY  
Address: 2458 RIO PINAR LAKES BLVD  
City-St-Zip: ORLANDO, FL 32822

**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:

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: JOSEPH FRASCA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MGR.

01/13/2009

\_\_\_\_\_  
Date