

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762983

FILED
Mar 06, 2009
Secretary of State

Entity Name: REFLECTIONS ON THE RIVER ASSOCIATION, INC.

Current Principal Place of Business:

333 17TH ST SUITE 2L
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

333 17TH ST SUITE 2L
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 59-2453700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANO, ALAN P
C/O A R CHOICE MGMT, INC.
333 17TH ST SUITE 2L
VERO BEACH, FL 32960 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: COOKE, TOM
Address: 333 17TH ST SUITE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: WILLIAMS, JIM
Address: 333 17TH ST SUITE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: VINER, BART
Address: 333 17TH ST., SUITE 2-L
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: MURPHY, JUNE
Address: 333 17TH ST., SUITE 2-L
City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete
Name: STETLER, LARRY
Address: 333 17TH ST SUITE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: SD () Delete
Name: KEITH, PHYLLIS
Address: 333 17TH ST SUITE 2L
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAITINEN, HELEN
Address: 333 17TH ST SUITE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COOKE, THOMAS
Address: 333 17TH ST., SUITE 2-L
City-St-Zip: VERO BEACH, FL 32960

Title: D (X) Change () Addition
Name: DONOVAN, KEVIN
Address: 333 17TH ST., SUITE 2-L
City-St-Zip: VERO BEACH, FL 32960

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: HELEN LAITINEN

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date