

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770696

FILED
Mar 21, 2009
Secretary of State

Entity Name: RIVER HARBOR WEST OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1007 83 STREET N.W.
BRADENTON, FL 34209 US

New Principal Place of Business:

2614 89TH STREET NW
BRADENTON, FL 34209 US

Current Mailing Address:

C/O HOLMES BEACH PROP. MANAGMENT
PO BOX 1607
HOLMES BEACH, FL 34218 US

New Mailing Address:

FEI Number: 59-2554103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONDON, THOMAS
HOLMES BEACH PROP MANAGEMENT
6400 MANATEE AVE W STE G
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

HOLMES BEACH PROPERTY MANAGEMENT
6400 MANATEE AVENUE WEST
SUITE G
BRADENTON, FL 34209 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: TOM CONDRON

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CURTIS, BARBARA
Address: 2624 89TH ST NW
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: MCWHORTER, JEFF
Address: 2511 89TH ST NW
City-St-Zip: BRADENTON, FL 34209

Title: ST () Delete
Name: STARRETT, SAM
Address: 2104 89TH STREET NW
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: RODHOUSE, NICKI
Address: 2620 89TH ST NW
City-St-Zip: BRADENTON, FL 34209

Title: P () Delete
Name: STRZELCZYK, JANE
Address: 2507 89TH STREET NW
City-St-Zip: BRADENTON, FL 34209

Title: M () Delete
Name: CONDRON, TOM
Address: 6400 MANATEE AVENUE WEST, SUITE G
City-St-Zip: BRADENTON, FL 34209

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
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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: TOM CONDRON

M

03/21/2009

Electronic Signature of Signing Officer or Director

Date