

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000606

FILED
Feb 20, 2009
Secretary of State

Entity Name: RIO PINAR WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8166 JELLISON ST
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

8166 JELLISON ST
ORLANDO, FL 32825

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: DELOY, DEE
Address: 8166 JELLISON ST
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: FOURNIER, GEORGE
Address: 8179 JELLISON ST
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: ANDERS, GAYLE
Address: 8183 FRAIM CT
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: BICKERT, JOSEPH
Address: 8227 IMBER ST
City-St-Zip: ORLANDO, FL 32825

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: T (X) Change () Addition
Name: STANALAND, MARY E
Address: 8201 FRAIM CT
City-St-Zip: ORLANDO, FL 32825

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: GAYLE ANDERS

SD

02/20/2009

Electronic Signature of Signing Officer or Director

Date