

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006451

FILED
Mar 24, 2009
Secretary of State

Entity Name: REYNOLDSWOOD ESTATES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

3431 REYNOLDSWOOD DR
TAMPA, FL 33618

New Principal Place of Business:

3428 REYNOLDSWOOD DR
TAMPA, FL 33618

Current Mailing Address:

3431 REYNOLDSWOOD DR
TAMPA, FL 33618

New Mailing Address:

3428 REYNOLDSWOOD DR
TAMPA, FL 33618

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENTRISS, RICHARD MR
3431 REYNOLDSWOOD DR
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

RYAN, CRAIG MR
3428 REYNOLDSWOOD DR
TAMPA, FL 33618 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: CRAIG A RYAN

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FENTRISS, RICHARD MR
Address: 3431 REYNOLDSWOOD DR
City-St-Zip: TAMPA, FL 33618

Title: V () Delete
Name: RYAN, CRAIG MR
Address: 3428 REYNOLDSWOOD DR
City-St-Zip: TAMPA, FL 33618

Title: ST () Delete
Name: DORSEY, KEVIN MR
Address: 3425 REYNOLDSWOOD DR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RYAN, CRAIG MR
Address: 3428 REYNOLDSWOOD DR
City-St-Zip: TAMPA, FL 33618

Title: V (X) Change () Addition
Name: SNEEN, JONATHAN MR
Address: 3414 REYNOLDSWOOD DR
City-St-Zip: TAMPA, FL 33618

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: CRAIG A RYAN

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date