

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000719

FILED
Mar 09, 2009
Secretary of State

Entity Name: RIVERWALK AT WATERSIDE ISLAND TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4200 E. SLIGH
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

C/O WISE PROP MGMT
16105 N. FLORIDA #A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 06-1655937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEZOR, STEVEN H
1801 N HIGHLAND AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MEZER, STEVEN H
1801 N HIGHLAND AVE
TAMPA, FL 33602 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: STEVEN MEZER

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: KAUFMAN, MARC
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TDS () Delete
Name: BOSTON, DONNA
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: OLMO, EDWIN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: KNIGZU, ROXANNE
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: REINAGEL, SEAN
Address: 16105 N FLORIDA AVE A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHBEIB, MULHAM
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change () Addition
Name: COLLINS, TAWANA
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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

Title: SD (X) Change () Addition
Name: KASZUBA, ROXANNE
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD (X) Change () Addition
Name: REINAGEL, SEAN
Address: 16105 N FLORIDA AVE A
City-St-Zip: LUTZ, FL 33549

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: EDWIN OLMO

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date