2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N02000006732

Entity Name: RIVERCHASE UNIT TWO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5901 US 19 SOUTH
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5901 US 19 SOUTH
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 02-0670325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MGMT, INC.
5901 US 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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: LEONICK, MICHELLE MRS
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD ( ) Delete
Name: THARP, ARTHUR MR
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STD ( ) Delete
Name: DURCHIK, MATTHEW MR
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: ROSCOE, ROGER MR
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: STRICKLAND, LARRY MR
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THARP, ART
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD (X) Change ( ) Addition
Name: GLOSS, MAIE
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STD (X) Change ( ) Addition
Name: STRICKLAND, LARY
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change ( ) Addition
Name: DURCHIK, MATT
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition
Name: LEONICK, MICHELLE
Address: 5901 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY WHITE AGEN 03/16/2009

Electronic Signature of Signing Officer or Director — Date