## 2004 NO1-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 8:00 am Secretary of State 31 **DOCUMENT # N02000009770** 03-24-2004 90018 003 \*\*\*\*61.25 RIVER BAY MOBILE HOME OWNER'S ASSOCIATION, Principal Place of Business Mailing Address P.O. BOX 89971 P.O. BOX 89971 TAMPA, FL 33689-0416 TAMPA, FL 33689-0416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number EIN 04-3731666 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 318 RIVER BAY DRIVE TAMPA, FL 33619 Zip Code 9. 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. I am familiar with, and accept the obligations of regist SIGNATURE Signature, typert or printed name of registered event and title if applicable (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing Filing Fee is \$61,25 \$5.00 May Be Make check payable to Trust Fund Contribution. Fiorida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITZ E ☐ Chance Addition KING, LYNN NAME PARKER, BEVERLY NAME TOIS SKYLINE BLYD 318 RIVER BAY DRIVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33619 CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZE Delete TITLE Change ☐ Addition KING, DON CATALDO, DOROTHY M NAME NAME TOIR SKYLINE BLYD 311 RIVER BAY DRIVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33619 TAMPA, FL 33619 CITY-ST-ZIP CATY-ST-ZIP ☐ Delete TIFLE TITLE Change ☐ Addition SANCHEZ, DEE YEAGER, PAM NAME MAE 3H RIVER POINT DR 7015 MARINE DR. STREET ADDRESS STREET ADDRESS TAMPA, FL 33619 CITY-ST-7/P **TAMPA, FL 33619** CITY-ST-ZIP Delete Change Addition IIILE TITLE HART, BILL-CHARLAND, LINDA NAME 7017 OYSTER BAYDR 328 RIVER POINT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZIP TAMPA, FL 33619 VP DO Addition TITLE Delete TILE ☐ Change NESSLER, MARY BROWN, MICHELLE NAME NAME 905 RIVERBAY DR 319 RIVER POINT DRIVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33619 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 83619 n ☐ Delete The Change ■ Addition TITZ F TITLE KING, BOB 312. RIVER PRINTOR KING, BOB KALIF NAME STREET ADDRESS 312 RIVER POINT DR. STREET ADDRESS-**TAMPA\_FL 33619** CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-7/P

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Signature and true of statutes of sta