
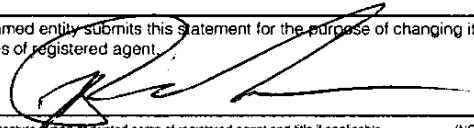


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90015 014 \*\*\*\*61.25

DOCUMENT # N04000003476			
1. Entity Name RIVER PLANTATION HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677		Mailing Address P.O. BOX 2157 OLDSMAR, FL 34677	
2. Principal Place of Business 2002 N. LOIS AVE		3. Mailing Address 2002 N LOIS AVE	
Suite, Apt. #, etc. STE 507		Suite, Apt. #, etc. STE 507	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33607	Country USA	Zip 33607	Country USA
6. Name and Address of Current Registered Agent LAMB, BRIAN K 2005 PAN AM CIRCLE, SUITE 750 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name LAMB, BRIAN K. Street Address (P.O. Box Number is Not Acceptable) 2002 N. LOIS AVE STE 507 City TAMPA FL Zip Code 33607	
8. 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 registered agent.   SIGNATURE _____ DATE _____ <small>Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEFF, RICK 290 N 9TH ST STE 201 ST PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDREWS, ED 7402 N 56TH ST STE 480 TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCOTT, MITCH 7402 N 56TH ST STE 480 TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Rick Neff</u>		Date <u>9/5/2006</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



04282006 Chg-NP CR2E037 (4/06)

4. FEI Number 20-2136990 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required