

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90270 033 ****70.00

DOCUMENT # N04000003641					
1. Entity Name THREE RIVERS PLANTATION WEST PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1415 MANGO, FL 33552-1415			Mailing Address P.O. BOX 1415 MANGO, FL 33552-1415		
2. Principal Place of Business - No P.O. Box # 10300 SW 157 Terr.		3. Mailing Address 10300 SW 157 Terr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102007 Chg-NP CR2E037 (12/06)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 56-2452722	
Zip 33157		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAY, DIANA 11323 ANDY DRIVE RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name: <u>Galina Aguirre</u> Street Address (P.O. Box Number is Not Acceptable): <u>10300 SW 157 Terrace</u> City: <u>Miami</u> FL Zip Code: <u>33157</u>		
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: <u>[Signature]</u>				DATE: <u>4/10/07</u>	
<small>Signature, typed 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, 2007		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 FONSELA, JOSE <input type="checkbox"/> Delete 10980 WESTWOOD LAKE DRIVE MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROHRER, ROBERT <input type="checkbox"/> Delete 6029 S.W. 44TH AVENUE JASPER, FL 32052		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAY, DIANA <input checked="" type="checkbox"/> Delete 11323 ANDY DRIVE RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Galina Aguirre <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10300 SW 157 Terr. Miami, FL 33157	
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 to this report, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>Galina Aguirre</u> <u>4/10/07</u> <u>786-246-0673</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					