2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 22, 2007 8:00 am Secretary of State

03-22-2007 90005 002 ****61.25

| 1. Enlity Nam RIVER C | me | # N04000004 TAMPA HOMEOVIC. | | | | | · | | | |
|--|---|--|--|-------------------------------|---|---------------------------------------|--------------------------------------|--|--|--|
| 4174 WOOD | ce of Business DDLANDS PAF JOR, FL 3468 | rkway | Mailing Address C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809 | | | 39649 | | 1 1 1 1 1 1 1 1 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address 4174 Woodlands Pkwy. | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | Chg-NP CF | R2E037 (12/06) | | | |
| City & State | | | City & State Palm Harbor, FL. | | 4. FEI Number 04-37840 | 92 | | oplied For of Applicable | | |
| Zip | | Country | 34685 | Country U.S./ | <u></u> | | F68 Required | | | |
| | 6, Name | and Address of Current I | Registered Agent | Alama | 7. Name and Ad | idress of New Regist | ered Agent | | | |
| | | OCIATION MANAGE | EMENT | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | RBOR, FL | | | | diset Address (1.0. Box Number is Not Acceptable) | | | | | |
| | Λ | | | City | City FL Zip Code | | | | | |
| 8. The above the obligated SIGNATURE | ilions of registr | y submits this statement for ered agent. or printed name of registered agent a | the purpose of changing its regis | | registered agent, or both, is o required when reinstating) | 3 | I am Jamiliar with, | and accept | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | Election Campaign Financir Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | check payable to Department of St | | | |
| 10. | | OFFICERS AND DIR | ECTORS | 11. | ADDITIONS/CHANG | GES TO OFFICERS A | ND DIRECTORS IN | 10 | | |
| TIFLE | DP | | | TITLE | John Timko | | ☐ Change | Addition | | |
| NAME | | S, TIMOTHY | · · · · · · · · · · · · · · · · · · · | NAME | 3819 N. River | RA. | | | | |
| STREET ADDRESS CITY-ST-ZIP | TAMPA, F | ERSCAPE WAY L 33635 | | STREET ADDRESS CITY-ST-ZIP | Tampa, FL. 3 | | | | | |
| TITLE | DVP | C DADCACA | | TITLE | Maureen Lawr | | ☐ Change | Addition | | |
| NAME STREET ADDRESS | | R, BARBARA VER ROAD | | NAME STREET ADDRESS (| 9002 N. River | | | | | |
| CITY-ST-ZIP | TAMPA, F | | | CITY-ST-ZIP | Tampa, FL. 33 | | | | | |
| TITLE | DST | | ₩ Detate | TITLE | Carlos Couce | | Change | Addition | | |
| NAME | MUNGRA, DANIEL | | | HAME | • | • | | _ | | |
| STREET ADDRESS CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | STREET ADDRESS | | 509 Bay Branch Ct. Impa, FL. 33635 | | | | |
| TITLE | I AWITA, III | L 33033 | | CITY-ST-ZP | Tampa, FL. > | 7635 | C Chann | Company and the same | | |
| NAME | | | | TITLE NAME | | | Change | Addition | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | ÷ | | | |
| CITY-ST-ZIP | | | | CTY-ST-ZIP | | | | | | |
| | | | | | | | | | | |
| TITLE | | | | TITLE | | | Change | Addition | | |
| TITLE NAME STREET ADDRESS | | | | TITLE NAME STREET ADDRESS | | | Change | 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 cartify 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 an address, with a highest pick empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doiete

3/12/07 Date

Daylinio Phone #

☐ Change

☐ Addition

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

ATTACHMENT

| | | . REPORT | | | | | |
|---|--|---|---|---|---|-----------------------------|--|
| | MENT # N0400000 | 1364 | | | | | |
| | HASE OF TAMPA HOMEO | WNERS | | | | | |
| | e of Business DLANDS PARKWAY DR, FL 34685 | Mailing Address C/O LELAND MANAGEM 8009 S ORANGE AVE ORLANDO, FL 32809 | ENT | ,LM | 39649 | | |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address 4174 Woodlands Pkwy. | | $\neg \neg \neg \neg$ | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | J | 02052007 Ct | ng-NP CR2E037 | (12/06) | |
| City & State | e | City & State Palm Harbor, FL. | | 4. FEI Number 04-378409 | 2 | Applied For Not Applicat | |
| Zip | Country | Zip 34685 | Country U.S.A | | | tus Desired | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Add | ress of New Registered Ag | jent | |
| SIDOT OU | 0,05 40000147101144440 | ENACNIT. | Name | | | | |
| 4175 WOC | FIRST CHOICE ASSOCIATION MANAGEMENT 4175 WOODLANDS PARKWAY PALM HARBOR, FL 34685 | | Street Add | dress (P.O. Box Number is t | (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL | Zip Code | |
| | enamed entity submits this statement to tions overgistered igent. | <u></u> | | | 3/7/ | miliar with, and acce | |
| | Signiture, typed or printed name of registered agent | and title if applicable. (NOTE | E: Registered Agent signature | required when reinstating) | DATE | | |
| // | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Can Trust Fund C | npaign Financing Contribution. | \$5.00 May Be Added to Fees | Make check Florida Departn | | |
| 10. | OFFICERS AND DI | RECTORS | 11. | ADDITIONS (CHANG | -0.70 OFFIGERS 4410 BIRE | | |
| TITLE | | | | ADDITIONS/CHANG | ES TO OFFICERS AND DIRE | CTORS IN 10 | |
| NAME STREET ADDRESS CITY-ST-ZIP | DP HARNESS, TIMOTHY 8804 RIVERSCAPE WAY TAMPA, FL 33635 | ZZ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | John Timko 8819 N. River F | U. | ECTORS IN 10 Change Maddit | |
| STREET ADDRESS | HARNESS, TIMOTHY | | NAME Street Address | John Timko | 18d. 3635 ince | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | HARNESS, TIMOTHY 8804 RIVERSCAPE WAY TAMPA, FL 33635 DVP SCRIBRER, BARBARA | ⊠ Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | John Timko 8819 N. River A Tampa, FL. 33 Maureen Lawre 9002 N. River | ld. 3635 ince Rd. | Change 🖪 Additi | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | HARNESS, TIMOTHY 8804 RIVERSCAPE WAY TAMPA, FL 33635 DVP SCRIBRER, BARBARA 8819 N RIVER ROAD | ⊠ Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | John Timko 8819 N. River F Tampa, FL. 33 Maureen Lawre 9002 N. River Tampa, FL. 33 | id. 3635 ince Rd. 635 | Change 🖪 Additi | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | HARNESS, TIMOTHY 8804 RIVERSCAPE WAY TAMPA, FL 33635 DVP SCRIBRER, BARBARA 8819 N RIVER ROAD TAMPA, FL 33635 DST MUNGRA, DANIEL 8924 GRAND BAYOU COURT | ⊠ Delete ☑ Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | John Timko 8819 N. River A Tampa, FL. 33 Maureen Lawre 9002 N. River | 18d. 3635 ince 18d. 635 ro 1 | ☐ Change | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | HARNESS, TIMOTHY 8804 RIVERSCAPE WAY TAMPA, FL 33635 DVP SCRIBRER, BARBARA 8819 N RIVER ROAD TAMPA, FL 33635 DST MUNGRA, DANIEL 8924 GRAND BAYOU COURT | Delete Delete Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | John Timko 8819 N. River F Tampa, FL. 33 Maureen Lawre 9002 N. River Tampa, FL. 33 | 184. 3635 ince Rd. 635 ro .nch Ct. | ☐ Change | |
| STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | HARNESS, TIMOTHY 8804 RIVERSCAPE WAY TAMPA, FL 33635 DVP SCRIBRER, BARBARA 8819 N RIVER ROAD TAMPA, FL 33635 DST MUNGRA, DANIEL 8924 GRAND BAYOU COURT | Delete Delete Delete | NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS | John Timko 8819 N. River F Tampa, FL. 33 Maureen Lawre 9002 N. River Tampa, FL. 33 | 2d. 3635 ince Rd. 635 ro .nch Ct. 3635 | ☐ Change | |