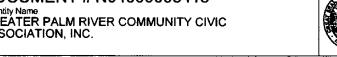
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008413





1. Entity Name GREATER PALM RIVER COMMUNITY CIVIC ASSOCIATION, INC.								03-03-2008	0204 00	,0 0	1.23
Principal Place of Business 1412 MAYDELL DR. TAMPA, FL 33619-4551			Mailing Address 1412 MAYDELL DR. TAMPA, FL 33619-4551								
Principal Place of Business - No P.O. Box # 3, Mailing Address											
			Suite Act # cts				i shenshi an as	tu sini asii asii sali	ABIN ABIN IBN	i strai kora ji	318) Di 1601
Suite, Apt.	#, 0 tG.	Su	Suite, Apt. #, etc.				01152008	Chg-NP	CR2E03	7 (12/06)	
City & Stat	6	Cit	City & State				4. FEI Number 01-0834	986			plied For t Applicable
Zip	Country		Zip Cou		ntry	5. Certificate of		Status Desired		8.75 Add	itional
	6. Name and Address of	Current Registere	d Agent				7. Name and A	ddress of New Re	gistered A	gent	
TILDEN, DOTTIE 1412 MAYDELL DRIVE TAMPA, FL 33619					Name Street Address (P.O. Box Number is Not Acceptable)						
	<u> </u>				City				FL	Zip Cod	
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	Signature, typed or printed name of regist	tered agent and title if app	Micable. (NOTE:	: Registered	t Agent signal	zure required	when reinstating)		DATE		-
Filing Fee is \$61.25 9. Election Camp. Due by May 1, 2008 Trust Fund Cor							\$5.00 May Be Added to Fees	Make check payable to Fiorida Department of State			
10.		AND DIRECTORS		11.			ADDITIONS/CHAI	NGES TO OFFICER	S AND DIR	ECTORS IN	10
TITLE NAME	P MONROE, BRAD		Detete	TITLE						☐ Change	Addition
STREET ADDRESS	509 S 59TH STREET				T ADORESS						
CITY-ST-ZIP	TAMPA, FL 33619		<u></u>	+	ST-ZIP	ļ	•	····			
TITLE NAME	MOORE, VERONICA		☑ Delete	TITLE						Change	Addition
STREET ADDRESS CITY-ST-ZIP	2050 BALFOUR TAMPA, FL 33619				et address st-zip						
TITLE	V		☐ Delete	TITLE						Change	Addition
NAME	TILDEN, DOTTIE		La Delete	NAME						CT cumile	
STREET ADDRESS CITY-ST-ZIP	1412 MAYDEN DRIVE TAMPA, FL 33619			1	ET ADDRESS ST-ZIP						
ПІЦЕ	Р		☐ Delete	TITLE		H.	Kiemo)	• • • • •	☐ Change	Addition
NAME STREET ADDRESS	MOORE, VERONICA 2050 BALFOUR			NAME		80	Kiemp OJ ASh	tu e			
CITY-ST-ZIP	TAMPA, FL 33619				T ADDRESS ST-ZIP	77	ompa, o	C(336	19,	,	
TITLE	D		☐ Delete	TITLE	/	Je 1	TAI WRI	C(336 ght Jen c/Dr	in yet	Change	Addition
NAME STREET ADDRESS	WILLIAMS, DAVID 2424 MAYDELL DRIVE			NAME STREE		910	mayde	C/ Dr			
CITY-ST-ZIP	TAMPA, FL 33619				ST-ZIP	T	empa, 1	CL 32	619		
TITLE NAME	V MONROE, BRAD		☐ Delete	TITLE	\$	Spe	NECL,	NANCY WST	1	☐ Change	Addition
STREET ADDRESS	509 S 59TH ST.		1	NAME STREE	: Et adoress	261	25691	1051			
CITY-ST-ZIP	TAMPA, FL 33619	P 1 1-2			ST-ZIP			L 3361			<u> </u>
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Devire Phone #											