2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# N05000005602

Entity Name: RIVER BEND OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2002 N. LOIS AVENUE
SUITE 507
TAMPA, FL 33607

New Principal Place of Business:

5680 W. CYPRESS ST.
SUITE A
TAMPA, FL 33607

Current Mailing Address:

2002 N. LOIS AVENUE
SUITE 507
TAMPA, FL 33607

New Mailing Address:

5680 W. CYPRESS ST.
SUITE A
TAMPA, FL 33607

FEI Number: 20-3289497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY ASSOCIATION MANAGEMENT SVCS LLC
2002 N. LOIS AVENUE
SUITE 507
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

COMMUNITY ASSOCIATION MANAGEMENT SVCS LLC
5680 W. CYPRESS ST.
SUITE A
TAMPA, FL 33607 US

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.

SIGNATURE: _____ 04/28/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WALTERS, DEAN M
Address: 5680 W. CYPRESS ST., SUITE A
City-St-Zip: TAMPA, FL 33607

Title: VPD
Name: WALLACE, HARRY
Address: 5680 W. CYPRESS ST., SUITE A
City-St-Zip: TAMPA, FL 33607

Title: TD
Name: KUCHERS, DAVE
Address: 5680 W. CYPRESS ST., SUITE A
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEAN WALTERS PD 04/28/2011
Electronic Signature of Signing Officer or Director — Date