

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2012
Secretary of State**

DOCUMENT# N05000005602

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: VINCENT, ROBERT
Address: 5680 W. CYPRESS ST., SUITE A
City-St-Zip: TAMPA, FL 33607

Title: D
Name: KUCHARSKI, 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: BRIAN LAMB

CEO

04/05/2012

Electronic Signature of Signing Officer or Director

Date