2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000006630

Entity Name: RIVERVIEW AT TARPON HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10529 LAKE WILLIAMS DR
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

P O BOX 544
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 16-1758311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILBERMANN, GALE ESQ
BAXTER,STROHAUER,MANNION & SILBERMANN, PA
1150 CLEVELAND ST - STE 300
CLEARWATER, FL 33755 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 ( ) Delete
Name: ELLIOTT, JULES L
Address: 103 PEGRAM LN
City-St-Zip: FREDERICKSBURG, VA 22408

Title: SD ( ) Delete
Name: WILKEY, THOMAS
Address: 10529 LAKE WILLIAMS DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS WILKEY SD 04/29/2009

Electronic Signature of Signing Officer or Director — Date