2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007552

FILED Apr 21, 2009 Secretary of State

Entity Name: RIVER OAKS AT TIMBER SPRINGS HOMEOWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD SUITE 300 ORLANDO, FL 32809 ORLANDO, FL 32822 **Current Mailing Address: New Mailing Address:** 5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD SUITE 300 ORLANDO, FL 32809 US ORLANDO, FL 32822 FEI Number: 20-3288763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND MANAGEMENT LELAND MANAGEMENT 5955 T.G. LEE BLVD 6972 LAKE GLORIA BLVD SUITE 300 ORLANDO, FL 32809 ORLANDO, FL 32822 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: 04/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition REINERT, JIM Name: Name: Address: 2966 COMMERCE PARK DR, STE 100 Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: MORSE, CINDY Name: PHILLIPS, MATT Address: 2966 COMMERCE PARK DR. STE 100 Address: 2966 COMMERCE PARK DR. STE 100 City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: STD () Delete Title: () Change () Addition VIDRINE, ANDRE Name: Name: 2966 COMMERCE PARK DR, STE 100 Address: Address: City-St-Zip: ORLANDO, FL 32819 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: JIM REINERT PD 04/21/2009