2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008293

FILED Apr 25, 2008 Secretary of State

Entity Name: RIVER HALL COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3527 PALM HARBOR BLVD 8695 COLLEGE PKWY., #242 PALM HARBOR, FL 34683 FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

P O BOX 1418 8695 COLLEGE PKWY., #242 PALM HARBOR, FL 34682 FORT MYERS, FL 33919

FEI Number: 20-3815888 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:

MELROSE MANAGEMENT GROUP

3527 PALM HARBOR BLVD

PALM HARBOR, FL 34682 US

HANSON, JACK

1600 WEST COLONIAL DRIVE

ORLANDO, FL 32804 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: JACK HANSON 04/25/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/G

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP
 () Delete
 Title:
 DP
 (X) Change () Addition

 Name:
 MIARS, GRAYDON E
 Name:
 MIARS, GRAYDON E

Address: 9110 COLLEGE POINTE CT Address: 14055 RIVERS EDGE DRIVE #225

City-St-Zip: FT MYERS, FL 33919 City-St-Zip: TAMPA, FL 33637

Title: DV () Delete Title: DVP (X) Change () Addition Name: HARVEY, JAMES P Name: MCDONALD, PATRICIA

Address: 2202 N WEST SHORE BLVD SUITE 125 Address: 2401 RIVER HALL PKWY

City-St-Zip: TAMPA, FL 33607 City-St-Zip: ALVA, FL 33920

Title: DST () Delete Title: DST (X) Change () Addition

 Name:
 COE, DANIEL L
 Name:
 DURAND, CARLA

 Address:
 2202 N WEST SHORE BLVD SUITE 125
 Address:
 2401 RIVER HALL PKWY.

City-St-Zip: TAMPA, FL 33607 City-St-Zip: ALVA, FL 33920

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: GRAYDON MIARS DP 04/25/2008