

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011300

FILED
Apr 15, 2009
Secretary of State

Entity Name: BALM RIVERVIEW OFFICE PARK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9412 BALM RIVERVIEW RD
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

1615 118TH AVE NORTH
ST PETESBURG, FL 33716

New Mailing Address:

9376 BALM RIVERVIEW ROAD
RIVERVIEW, FL 33569

FEI Number: 37-1566753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BRIAN K
8615 SOUTH HIGHWAY 301
RIVERVIEW, FL 33569 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: D () Delete
Name: JOHNSON, BRIAN K
Address: 8615 SOUTH HIGHWAY 301
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: SKITSKO, G. BARRY
Address: 1615 118TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: THOMAS, BRYAN K
Address: 9376 BALM RIVERVIEW ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: TRES (X) Change () Addition
Name: HARTE, BRIAN
Address: 9376 BALM RIVERVIEW
City-St-Zip: ROAD., FL 33569

Title: SEC () Change (X) Addition
Name: TYSON, KIM
Address: 9376 BALM RIVERVIEW
City-St-Zip: RIVERVIEW, FL 33569

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: BRIAN HARTE

TRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date