

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05981

FILED
Apr 23, 2007
Secretary of State

Entity Name: RIVER FOREST CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

CONNIE THOMSON
5222 SUSAN AVE
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

CYNTHIA G. STRATFORD
5217 CARMILFRA DR
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TAMBINI, ANTHONY L II
5214 SUSAN AVE
SARASOTA, FL 34231 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: S () Delete
Name: WISMAR, TIFFANY
Address: 5239 SUSAN AVE.
City-St-Zip: SARASOTA, FL 34231

Title: P () Delete
Name: THOMSON, CONNIE
Address: 5222 SUSAN AVE.
City-St-Zip: SARASOTA, FL 34231

Title: T () Delete
Name: STRATFORD, CYNTHIA G
Address: 5217 CARMILFRA DR
City-St-Zip: SARASOTA, FL 34231

Title: VP () Delete
Name: LECLAIR, CHRIS
Address: 5229 SUSAN AVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: TAMBINI, ANTHONY L II
Address: 5214 SUSAN AVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: MOYER, RICHARD
Address: 5210 PALOS VERDES DR.
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: CONNIE THOMSON

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date