

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007160

FILED
Apr 22, 2009
Secretary of State

Entity Name: RIVER PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12058 SANJOSE BLVD - STE 804
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12058 SANJOSE BLVD - STE 804
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-8147885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRABTREE, R R
8777 SAN JOSE BLVD
BLDG A - STE 200
JACKSONVILLE, FL 32217 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: P () Delete
Name: BARRETT, LISA
Address: 3618 1ST ST
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: VISHEN, RAJESH
Address: 2020 CASTLE PT CT
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: SOUSON, MICHAEL
Address: 2518 WILLOW CRK DR
City-St-Zip: ORANGE PARK, FL 32003

Title: T () Delete
Name: HARVEY, ROBERT
Address: 165 WELLS RD STE 203
City-St-Zip: ORANGE PARK, FL 32073

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:

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: LISA BARRETT

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date