2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



1. Entity Nam	MENT # N0700001 RIVER HOMEOWNERS AS			04-25-2008	90140 016 ****(51.25		
Principal Place of Business 2502 NORTH ROCKY POINT DRIVE SUITE 1050 TAMPA, FL 33607 Mailing Address 2502 NORTH ROCKY POTAMPA, FL 33607			POINT DR	RIVE SUITE 1050		8	III COM RUIT RUIT IIR OCU	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112008	Chg-NP	CR2E037 (12/06))	
City & State		City & State		3 FEI Number	387779	2 	Applied For	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	\$8.75 A Fee Requi	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered Agent	
STROHAU	IER GARYNESO		i	Name				
STROHAUER, GARY N ESQ C/0 BAXTER STROHAUER MANNION & SILBERMANN 1150 CLEVELAND STREET SUITE 300 CLEARWATER, FL 33755				Street Address	(P.O. Box Number	is Not Acceptable	е)	
CLEARWA	(IER, FE 33/33			City			FL Zip Co	ode
R The above	named entity submits this statement for	r the purpose of changing its	ragistar	ad affice or registr	arad agant or both	is the State of El		
	ions of registered agent.	The perpendicular changing it.	s registere	ed dilice of registe	ered agent, or both	, in the State of the	onoa. Tani familiai wili	i, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	FE: Registerer	ed Agent signature require	ed when reinstating)		DATE	
	Signature, typed or printed name of registered agent of Filling-Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees		DATE Viake check payable rida Department of	
	Filing Fee is \$61.25	9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees	Floi	lake, check payable	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael