

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000003295

FILED
Jan 31, 2009
Secretary of State

Entity Name: RIVERSIDE ESTATES OF TARPON SPRINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13555 AUTOMOBILE BLVD
SUITE 360
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

13555 AUTOMOBILE BLVD
SUITE 360
CLEARWATER, FL 33762

New Mailing Address:

40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689

FEI Number: 20-8753143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'RYAN, CHRISTIAN F
2701 NORTH ROCKY POINT DRIVE
SUITE 900
TAMPA, FL 33607 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: CHRISTIAN F O'RYAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEIGER, JOHN
Address: 13555 AUTOMOBILE BLVD, SUITE 360
City-St-Zip: CLEARWATER, FL 33762

Title: VPD () Delete
Name: GEIGER, MATT
Address: 13555 AUTOMOBILE BLVD, SUITE 360
City-St-Zip: CLEARWATER, FL 33762

Title: STD () Delete
Name: LANG, DEBBIE
Address: 13555 AUTOMOBILE BLVD, SUITE 360
City-St-Zip: CLEARWATER, FL 33762

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:

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: JIM RANALLO, LCAM

MGR

01/31/2009

Electronic Signature of Signing Officer or Director

Date