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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 JUN 12 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000003707

1. Entity Name
OAKS AT RIVERVIEW HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 N. WESTSHORE BOULEVARD SUITE 400 TAMPA, FL 33609	600 N. WESTSHORE BOULEVARD SUITE 400 TAMPA, FL 33609

04112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 781291
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, Fl.
Zip / Country	Zip: 32878 / Country: US

4. FEI Number: 26-0155547 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRALEY, MARK K 100 E. MADISON SRREET SUITE 300 TAMPA, FL 33602-5311 ENTERED	Name: Community Resource Mgmt Street Address (P.O. Box Number is Not Acceptable): 19 E. Central Blvd City: Orlando FL Zip Code: 32801

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD METHENY, MARK 600 N. WESTSHORE BOULEVARD SUITE 600 TAMPA, FL 33609	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Mahdi Mansour Po Box 781291 Orlando, Fl. 32878	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CACHON, MICHAEL 600 N. WESTSHORE BOULEVARD SUITE 400 TAMPA, FL 33609	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Paul Brocks Po Box 781291 Orlando, Fl. 32878	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VOGIN, HOWARD 600 N. WESTSHORE BOULEVARD SUITE 600 TAMPA, FL 33609	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Mike Southward Po Box 781291 Orlando, Fl. 32878	☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/14/08 (813) 888-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5.16.12