2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003707

FILED May 04, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

600 N. WESTSHORE BOULEVARD
SUITE 400
TAMPA, FL 33609

19 E. CENTRAL BLVD.
SECOND FLOOR
ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

P.O. BOX 781291 19 E. CENTRAL BLVD. ORLANDO, FL 32878 US SECOND FLOOR ORLANDO, FL 32801

FEI Number: 26-0155547 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: Name and Address of New Registered Agent:

COMMUNITY RESOURCE MANAGEMENT INC 19 E. CENTRAL BOULEVARD ORLANDO, FL 32801 US

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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 MANSAER, MAHDI
 Name:
 MARTINS, CARLOS

 Address:
 P.O. BOX 781291
 Address:
 P.O. BOX 781291

 City-St-Zip:
 ORLANDO, FL 32878 US
 ORLANDO, FL 32878 US

Title: VP () Delete Title: T (X) Change () Addition Name: BROCKS, PAUL Name: MCRAE, RHONDA

Address: P.O. BOX 781291 Address: P.O. BOX 781291 ORLANDO, FL 32878 US City-St-Zip: ORLANDO, FL 32878 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SOUTHWARD, MIKE
 Name:
 SPERO, MICHAEL

 Address:
 P.O. BOX 781291
 Address:
 P.O. BOX 781291

 City-St-Zip:
 ORLANDO, FL 32878 US
 City-St-Zip:
 ORLANDO, FL 32878 US

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: CARLOS MARTINS P 05/04/2009