

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2008
Secretary of State**

DOCUMENT# N07355

Entity Name: RIVER GROVE CIVIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

3500 RIVER GROVE DRIVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

3604 RIVER GROVE DRIVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3027260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, ROBERT R.
3604 RIVER GROVE DR.
TAMPA, FL 33610 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: PD () Delete
Name: SCOTT, ROBERT R.,
Address: 3604 RIVER GROVE DR.
City-St-Zip: TAMPA, FL 33610

Title: VPD () Delete
Name: BRICE, BETTY
Address: 3504 RIVERGROVE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: S () Delete
Name: MITCHELL, BARBARA
Address: 3703 RIVERGROVE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: JAMES, EARL
Address: 3606 RIVERGROVE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: VPD () Delete
Name: GARDNER, RONALD
Address: 3301 RIVERGROVE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: DIR () Delete
Name: ANDERSON, BRENDA
Address: 3014 E. FLORA STREET
City-St-Zip: TAMPA, FL 33610

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: TD (X) Change () Addition
Name: MCMILLAN, ELAINE
Address: 3606 RIVERGROVE DRIVE
City-St-Zip: TAMPA, FL 33610

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: ROBERT R. SCOTT

RD

01/16/2008

Electronic Signature of Signing Officer or Director

Date