2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07355

FILED Mar 12, 2009 Secretary of State

Entity Name: RIVER GROVE CIVIC ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 3500 RIVER GROVE DRIVE TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 3604 RIVER GROVE DRIVE TAMPA, FL 33610 FEI Number: 59-3027260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, ROBERT R SCOTT, ROBERT R PD 3604 RIVER GROVE DR. 3604 RIVER GROVE DR. TAMPA, FL 33610 TAMPA, FL 33610 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: ROBERT R. SCOTT 03/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCOTT, ROBERT R., Name: Name: 3604 RIVER GROVE DR. Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: () Delete Title: () Change () Addition BRICE, BETTY Name: Name: Address: 3504 RIVERGROVE DRIVE Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: () Delete Title: () Change () Addition MITCHELL, BARBARA Name: Name: 3703 RIVERGROVE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: MCMILLAN, ELAINE Name: 3606 RIVERGROVE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: VPD () Delete Title: () Change () Addition GARDNER, RONALD Name: Name: 3301 RIVERGROVE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, BRENDA Name: Name: Address: 3014 E. FLORA STREET Address: TAMPA, FL 33610 City-St-Zip: 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 PD 03/12/2009