

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26282

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** RIVER CHASE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. STATE RD. 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. STATE RD. 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-2999394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 W. SR 434, SUITE 5000  
LONGWOOD, FL 32779 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: MARTINEZ, GERMAN  
Address: 328 RIVER CHASE DR  
City-St-Zip: ORLANDO, FL 32807

Title: VPD ( ) Delete  
Name: CRUZ, NANETTE  
Address: 324 RIVER CHASE DR  
City-St-Zip: ORLANDO, FL 32807

Title: TD ( ) Delete  
Name: IREDELL, STACY  
Address: 144 RIVER CHASE DR  
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete  
Name: SANTOMASSINO, RICHARD  
Address: 325 RIVER CHASE DRIVE  
City-St-Zip: ORLANDO, FL 32807

Title: SD ( ) Delete  
Name: RAHMAN, ARIF  
Address: 321 RIVER CHASE DR  
City-St-Zip: ORLANDO, FL 32807

**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: ( ) 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: GERMAN MARTINEZ

PD

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date