

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27308

FILED
Apr 16, 2009
Secretary of State

Entity Name: RIVERGLEN OF BRANDON HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HWY.
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HWY.
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 65-0283177 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRISCIA, FRANCIS E
5550 W EXECUTIVE DR STE 250
TAMPA, FL 33609 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: P () Delete
Name: HUBER, RICHARD
Address: 4131 GLENN HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: EGBERT, JAMES
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: KIOS, STAN
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: JAMES, CATHERINE F
Address: 11803 ROSSMAYNE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: GROOMS, JD
Address: 4131 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUBER, RICHARD
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: JAMES, CATHERINE F
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BROWN, RALPH
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

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: RICHARD HUBER

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date