

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43004

FILED
Feb 12, 2009
Secretary of State

Entity Name: RIVERSIDE AT TWIN RIVERS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 197043
WINTER SPRINGS, FL 32719 US

New Mailing Address:

FEI Number: 59-3084324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: DV () Delete
Name: VANACORE, OLIVER
Address: 1669 RIVEREDGE RD
City-St-Zip: OVIEDO, FL 32766

Title: PD () Delete
Name: D'AULERIO, JOE
Address: 1288 TWIN RIVERS BLVD
City-St-Zip: OVIEDO, FL 32766

Title: DS () Delete
Name: TYLER, BILL
Address: 1287 TWIN RIVERS BLVD.
City-St-Zip: OVIEDO, FL 32766

Title: D (X) Delete
Name: ALEMAN, MARILYN
Address: 2320 COOLBROOK CT
City-St-Zip: OVIEDO, FL 32766

Title: DT () Delete
Name: VELEZ, TONY
Address: 1260 TWIN RIVERS BLVD.
City-St-Zip: OVIEDO, FL 32766

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: JOE D'AULERIO

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date