2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N47859

Entity Name: RIVER PARK PHASE 1 COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST S.R. 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST S.R. 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3111191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST S.R. 434
SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR 04/22/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HANSEN, ERIK
Address: 2168 RIVER PARK BLVD
City-St-Zip: ORLANDO, FL 32826

Title: VPD ( ) Delete
Name: THOMPSON, BRANDON
Address: 1994 RIVER PARK BLVD
City-St-Zip: ORLANDO, FL 32817

Title: SD ( ) Delete
Name: ST JOHN, CHRIS
Address: 10257 WILLOWEMAC CT
City-St-Zip: ORLANDO, FL 32817

Title: TD (X) Delete
Name: GLEN, LYNN
Address: 2116 RIVER PARK BLVD
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Delete
Name: STEWART, DAVID
Address: 10237 WILLOWEMAC CT
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOUSER, SHEILA
Address: 2018 RIVER PARK BLVD
City-St-Zip: ORLANDO, FL 32826

Title: VPD (X) Change ( ) Addition
Name: HERRERO, DORIS
Address: 2054 RIVER PARK BLVD
City-St-Zip: ORLANDO, FL 32817

Title: TSD (X) Change ( ) Addition
Name: SHAVER, TOMICA
Address: 2004 SCHOHARIE CT
City-St-Zip: ORLANDO, FL 32817

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: SHEILA MOUSER PD 04/22/2009
Electronic Signature of Signing Officer or Director — Date