## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48827

FILED May 08, 2007 Secretary of State

Entity Name: RIVERSIDE HEIGHTS CIVIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

918 W. VIRGINIA AVE. 1009 W. INDIANA AVENUE

TAMPA, FL 33603 TAMPA, FL 33603

Current Mailing Address: New Mailing Address:

918 W. VIRGINIA AVE. 1009 W. INDIANA AVENUE

TAMPA, FL 33603 TAMPA, FL 33603

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KEENE, SHARON VALDES, DESIREE T
918 W. VIRGINIA AVE. 1009 W. INDIANA AVENUE
TAMPA, FL 33603 US TAMPA, FL 33603 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: DESIREE T. VALDES 05/08/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P ( ) Delete Title: P (X) Change ( ) Addition

Name: MCCARTHY, JAMES Name: VALDES, DESIREE T
Address: 1317 W. WOODLAWN AVE. Address: 1009 W. INDIANA AVENUE

Address: 1317 W. WOODLAWN AVE. Address: 1009 W. INDIANA AVENU City-St-Zip: TAMPA, FL 33603 City-St-Zip: TAMPA, FL 33603

 Name:
 MANNA, SAM
 Name:
 EVANS, KATHLEEN

 Address:
 2901 N. PERRY AVE.
 Address:
 813 W. KENTUCKY

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33603

 Name:
 SHEA, GINGER
 Name:
 SUAREZ, MICHAEL

 Address:
 3312 N. PERRY AVE.
 Address:
 1304 W. PLYMOUTH

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33603

Title: D () Delete Title: S (X) Change () Addition

 Name:
 KEENE, SHARON
 Name:
 TURBEVILLE, TRACY

 Address:
 918 W. VIRGINIA AVE.
 Address:
 708 W. OHIO AVENUE

 City-St-Zip:
 TAMPA, FL 33603
 City-St-Zip:
 TAMPA, FL 33603

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: DESIREE T. VALDES P 05/08/2007