


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N48827</b> 1. Entity Name RIVERSIDE HEIGHTS CIVIC ASSOCIATION, INC.						FILED 08 SEP 15 PM 4:05 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1009 W. INDIANA AVENUE TAMPA, FL 33603				Mailing Address 1009 W. INDIANA AVENUE TAMPA, FL 33603			
2. Principal Place of Business - No P.O. Box # 1004 W. Ohio Avenue				3. Mailing Address PO Box 9353			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Tampa, FL				City & State Tampa, FL			
Zip 33603		Country US		Zip 33671		Country US	
6. Name and Address of Current Registered Agent  VALDES, DESIREE T 1009 W. INDIANA AVENUE TAMPA, FL 33603				7. Name and Address of New Registered Agent Name: Dianne McNeilly Street Address (P.O. Box Number is Not Acceptable): 1004 W. Ohio Avenue City: Tampa FL Zip Code: 33603			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDES, DESIREE T 1009 W. INDIANA AVENUE TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dianne McNeilly 1004 W. Ohio Avenue Tampa, FL 33603 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, KATHLEEN 813 W. KENTUCKY TAMPA, FL 33603 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500135970475 09/16/08--01022--012 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUAREZ, MICHAEL 1304 W. PLYMOUTH TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sarah Vincent 2712 N. Royal Court Tampa, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURBEVILLE, TRACY 708 W. OHIO AVENUE TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/15 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> <u>Dianne McNeilly</u>				Date: <u>8/27/08</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							