



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N49398			
1. Entity Name RIVER FOREST RESERVE HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 11855 GAIL DRIVE TEMPLE TERRACE, FL 33617 US		Mailing Address 11855 GAIL DRIVE TEMPLE TERRACE, FL 33617 US	
DO NOT WRITE IN THIS SPACE			
		 02202007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3136750	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LICHTENBERG, LISA A 11855 GAIL DR TEMPLE TERRACE, FL 33617		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000643874 03/02/07-80020-006 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSEN, JOHN 11741 GAIL DRIVE TAMPLE TERRACE, FL 33617		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLER, KEN 7245 RIVER FOREST LANE TEMPLE TERRACE, FL 33617		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LICHTENBERG, LISA 11855 GAIL DRIVE TEMPLE TERRACE, FL 33617		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDOSO, THERESA 7235 RIVER FOREST LANE TEMPLE TERRACE, FL 33617		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/20/07</u> Daytime Phone # _____	