


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90023 032 \*\*\*\*61.25

<b>DOCUMENT # N49398</b> 1. Entity Name <b>RIVER FOREST RESERVE HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>11855 GAIL DRIVE</b> ✓ <b>TEMPLE TERRACE, FL 33617</b> US			Mailing Address <b>11855 GAIL DRIVE</b> ✓ <b>TEMPLE TERRACE, FL 33617</b> US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3136750</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LICHTENBERG, LISA A</b> ✓ <b>11855 GAIL DR</b> <b>TEMPLE TERRACE, FL 33617</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25.</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN, JOHN		NAME	Jim Clark	
STREET ADDRESS	11741 GAIL DRIVE		STREET ADDRESS	11745 Gail Dr.	
CITY-ST-ZIP	TAMPLE TERRACE, FL 33617		CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, KEN		NAME	John Olsen	
STREET ADDRESS	7245 RIVER FOREST LANE		STREET ADDRESS	11741 Gail Dr.	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTENBERG, LISA		NAME		
STREET ADDRESS	11855 GAIL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDOSO, THERESA		NAME	Ken Keller	
STREET ADDRESS	7235 RIVER FOREST LANE		STREET ADDRESS	7245 River Forest Ln.	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>4/14/08</b></span> <span><b>813-988-2225</b></span> </div> <small>Date Daytime Phone #</small>		