

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49398

FILED
Jan 22, 2009
Secretary of State

Entity Name: RIVER FOREST RESERVE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11855 GAIL DRIVE
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

11810 GAIL DRIVE
TEMPLE TERRACE, FL 33617 US

Current Mailing Address:

11855 GAIL DRIVE
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

11810 GAIL DRIVE
TEMPLE TERRACE, FL 33617 US

FEI Number: 59-3136750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICHTENBERG, LISA A
11855 GAIL DR
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

BOSS, DEANNA
11810 GAIL DR
TEMPLE TERRACE, FL 33617 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: DEANNA BOSS

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LICHTENBERG, LISA
Address: 11855 GAIL DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: P () Delete
Name: CLARK, JIM
Address: 11745 GAIL DR
City-St-Zip: TAMPA, FL 33617

Title: VP () Delete
Name: OLSEN, JOHN
Address: 11741 GAIL DR
City-St-Zip: TAMPA, FL 33617

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BOSS, DEANNA
Address: 11810 GAIL DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: P (X) Change () Addition
Name: LICHTENBERG, LISA
Address: 11855 GAIL DR
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: VP (X) Change () Addition
Name: NERLAND, BRENDA
Address: 11821 GAIL DR
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: S () Change (X) Addition
Name: JOHNSTON, TAMMY
Address: 11909 N. RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617 US

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: LISA LICHTENBERG

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date