

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001281

FILED
Apr 25, 2012
Secretary of State

Entity Name: RIVER WOODS OF MANATEE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

11424 30TH CORE E
PARRISH, FL 34215 US

New Principal Place of Business:

9887 FOURTH STREET NORTH #301
ST. PETERSBURG, FL 33702 US

Current Mailing Address:

9887 4TH STREET N #301
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-3281075 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAMPART PROPERTIES, INC.
9887 4TH STREET N #301
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: SENER, LINDA
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702

Title: PD
Name: ABRAHAMSON, BOB
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702

Title: TD
Name: GREER, BILL
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD
Name: COAKLEY, KATE
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D
Name: FEDERICO, MICHAEL
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby 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 all other like empowered.

SIGNATURE: BOB ABRAHAMSON

PD

04/25/2012

Electronic Signature of Signing Officer or Director

_____ Date