

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000002633	
1. Entity Name THE ESTATES AT RIVER PARK HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7509 YARDLEY WAY TAMPA, FL 33647	Mailing Address 7509 YARDLEY WAY TAMPA, FL 33647
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01302008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3306579	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROMAN, CARLOS 7509 YARDLEY WAY TAMPA, FL 33647	DO NOT WRITE IN THIS SPACE
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

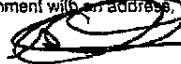
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U00000439896
03/02/06-80018-012 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROMAN, CARLOS MR. 7509 YARDLEY WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BOU, SALVADOR DR. 7511 YARDLEY WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARDONA, JERGES DR. 7503 YARDLEY WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-06 813-977-2528
Date Daytime Phone