

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002633

FILED
Feb 12, 2008
Secretary of State

Entity Name: THE ESTATES AT RIVER PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7509 YARDLEY WAY
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

7509 YARDLEY WAY
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3306579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMAN, CARLOS
7509 YARDLEY WAY
TAMPA, FL 33647 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: DP () Delete
Name: ROMAN, CARLOS MR.
Address: 7509 YARDLEY WAY
City-St-Zip: TAMPA, FL 33647

Title: DVP () Delete
Name: BOU, SALVADOR DR.
Address: 7511 YARDLEY WAY
City-St-Zip: TAMPA, FL 33647

Title: DT () Delete
Name: CARDONA, JERGES DR.
Address: 7503 YARDLEY WAY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLOS ROMAN

PRES

02/12/2008

Electronic Signature of Signing Officer or Director

Date