2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2008 8:00 am Secretary of State 01-29-2008 90010 036 ****70.00

DOCUMENT	# N9600006389	



	R PALM RIVER POINT CO PMENT CORPORATION	MMUNITY				
Principal Place of Business 7454 PALM RIVER ROAD TAMPA, FL 33619 US Mailing Address 7454 PALM RIVER ROAD TAMPA, FL 33619 US		40012189				
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01092008 Chg-NP CR2E037 ((12/06)	
City & State	9	City & State		4. FEI Number 59-3441012	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8 Feb	3.75 Additional Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Age	nt	
6348 FLAN	EZ, ELIZABETH C MINGO DR BEACH, FL 33572			ddress (P.O. Box Number is Not Acceptable)	Zip C∞de	
8. The above named and y 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 and gistered agent. SIGNATURE Signature typod or printed fame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filling Fee Is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.						
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
NAME STREET ADDRESS CITY-ST-ZIP	VC ALVAREZ, AL 1623 S 51ST STREET TAMPA, FL 33619	Dev Devete		G J Wallace Sheppard 1918 66 St 3 Tampa FL 33619	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JANELLE 7207 LILY PAD LANE TAMPA, FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Elbert P. Odor 6808 24th Ave 51 Tampa FL 33619	Change Addition	
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	T FOSTER, DAVID 2826 N CENTRAL AVE. TAMPA, FL 33602	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WRIGHT, JIMMIE L 6902 S 12TH ST TAMPA, FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, ROSE 2216 LAUREL OAK DR BRANDON, FL 33557	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, VICTOR 6901 REINDEER RD. TAMPA, FL 33619	☐ Deletè	TITLE NAME STREET ADDRESS CITY-ST-ZIP	٨	⊈ , Change ☐ Addition	
12. I hereby indicated of the cor	certify that the information supplied will don this report or supplemental report reporation or the receiver or trustee em or on an attachmen with an address	thathis filing does not qualify for the rue and accurate and that my powered to execute this report as with all other like empowered.	the exemptions or r signature shall his s required by Cha	ontained in Chapter 119, Florida Statutes. I further certify ave the same legal effect as if made under oath; that I am piter 617, Florida Statutes; and that my name appears in E	that the information an officer or director Block 10 or Block 11 if	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR