

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004946

FILED
Apr 25, 2008
Secretary of State

Entity Name: NEW RIVER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

18215 BRANCH RD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

18215 BRANCH RD
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3714293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER COMMUNITY CONSULTANTS, INC
18215 BRANCH RD
HUDSON, FL 34667 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: PD () Delete
Name: VALENTI, BETTY
Address: 5439 BEAUMONT CENTER BLVD. #1050
City-St-Zip: TAMPA, FL 33634

Title: V () Delete
Name: MOON, JARED
Address: 3450 BUSCHWOOD PARK DR. #250
City-St-Zip: TAMPA, FL 33618

Title: STD () Delete
Name: KREMNER, JULIE
Address: 32211 FISH HOOP LOOP
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D (X) Delete
Name: FIREBAUGH, CHLOE
Address: 3450 BUSCHWOOD PARK DRIVE, SUITE 250
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CORACE, PAUL
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: VPD (X) Change () Addition
Name: FIREBAUGH, CHLOE
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: STD (X) Change () Addition
Name: KREMNER, JULIE
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

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: PAMELA S WASHBURN

AGT

04/25/2008

Electronic Signature of Signing Officer or Director

Date