2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 25, 2008 8:00 am Secretary of State

	ANNUAL REPORT	
DOCUMENT #	N99000006714	

DOCUMENT # N9900006714 1. Entity Name RIVER MANOR HOMEOWNERS ASSOCIATION, INC.					04-25-2008 90132 044 ****61.25		
7001 TEMPLE TERRACE HWY 7001 TEM			Address EMPLE TERRACE HWY E TERRACE, FL 33617		11	1200 (127 B(6/4) 51 (66)	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	•				
Suite, Apt. #, etc. Suite. Apt. #		Suite, Apt. #, etc.	.	01072008 CI	ng-NP CR2E03	7 (12(06)	
City & State City & Sta		City & State		4. FEI Number		Applied For	
Zip	Country	Zip	Country	90-001843		Not Applicable	
		<u> </u>		5. Certificate of St		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Registered A	gent	
LEIB, PATRICIA S P.A. 420 WEST PLATT STREET TAMPA, FL 33606				(P.O. Box Number is	Not Acceptable)		
			City		FL	Zip Code	
SIGNATURE	Signature, lyped or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	TE: Registered Agent signature requirements	ed when reinstating)	DATE Make check	payable to fine up at	
	Due by May 1, 2008	Trust Fund	Contribution.	Added to Fees	Florida Depart	nent of State	
10.	OFFICERS AND DI		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRAMER, JILL 4813 ROCK FISH CT. TAMPA, FL 33617	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WYATT, PAMELA 8547 HYALEAH RD. TAMPA, FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, MARCHETA 8525 N HYLEAH TAMPA, FL 33617	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYES, BETH 8541 N HYALEAH TAMPA, FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	D SUTER, GEORGE 8506 HYALEAH	☐ Delete	TITLE NAME STREET ADDRESS		-	☐ Change ☐ Addition	
CITY-ST-ZIP ···	TAMPA, FL 33617	☐ Delete	CITY-ST-ZIP TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Section of the sectio		NAME - STREET ADDRESS - CITY-ST-ZIP				
12. I hereby of indicated	I certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that	for the exemptions contained the signature shall have the	e same legal effect as	if made under oath; that I a	n an officer or director	

SIGNATURE: WILL Amer Jill Kramer 4-10-08 813-765-6623