

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90013 030 \*\*\*150.00

**DOCUMENT # P95000067593**

1. Entity Name  
RIVER TRACE OF NEW PORT RICHEY, INC.



Principal Place of Business  
28059 U.S. HWY 19 N.  
SUITE 302  
CLEARWATER, FL 33761 US

Mailing Address  
28059 U.S. HWY 19 N.  
SUITE 302  
CLEARWATER, FL 33761 US

60043121



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

36370 U.S. Hwy 19 N.  
Palm Harbor, FL.  
34684 USA

36370 U.S. Hwy 19 N.  
Palm Harbor, FL.  
34684 USA

04152008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3332620

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINIERI, CARL N  
RIVER TRACE OF NEW PORT RICHEY, INC.  
28059 U.S. HWY 19 N., SUITE 302  
CLEARWATER, FL 33761

Name

36370 U.S. Hwy 19 N.  
Palm Harbor, FL 34684

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
ST  
MINIERI, CARL A  
STREET ADDRESS  
29656 US 19 NORTH, SUITE 100  
CITY-ST-ZIP  
CLEARWATER, FL 33761 ☐ Delete

TITLE  
NAME  
P  
Minieri, Carl A  
STREET ADDRESS  
36370 U.S. Hwy 19 N.  
CITY-ST-ZIP  
Palm Harbor, FL 34684 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
VP  
CARL N MINIERI  
STREET ADDRESS  
S/T ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
Malave, Marianne  
STREET ADDRESS  
36370 U.S. Hwy 19 N.  
CITY-ST-ZIP  
Palm Harbor, FL 34684 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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

Date

Daytime Phone #