## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 15, 2008 8:00 am Secretary of State

				SE	cretary or Stat	le	
DOCUMENT #756971  1. Entity Name RIVER SHORES PLANTATION PROPERTY OWNERS'				<u>.                                    </u>	05-15-2008 90025 014 ****61.25		
	ATION, INC.						
Principal Place of Business  C/O CAPITAL REALTY ADVISING, INC.  SUITE 109  Mailing Address 600 SAND TREE DR SUITE 109				"12"			
PALM BEACH GARDENS, FL 33403 US PALM BEACH GARDENS, FL 33403 US							
2. Principal Place of Businesa - No P.O. Dox # 3. Mailing Address 2417 SE DIXIC Hay							
Suite, Apt. #, etc. 2417 SE Durp Highway Suite, Apt. #, etc.				04142008 Chg-NP CR2E037 (12/06)			
Strate, FL, Strong FL				4. FEI Number Applied For 59-2188993 Not Applicable			
3499	6 Courtry	34996	Country USA	5. Certificate of	Status Desired		
6. Name and Address of Current Registered Agent 7. Na					dress of New Registered Agent		
CAPITAL REALTY ADVISORS, INC. Treasure Coast Property Monagement							
600 SAND TREE:DR  Street Address (P.O. Box Number is Not Acceptable)							
SUITE 109 2917.56. Dix le Highway							
PALM BEACH GARDENS, FL 33403							
				TUART FL 39996			
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 the gistered agent.							
Jacobson O'hair mana							
SIGNATURE /Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
,	Filing Fee is \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check payable to		
	Due by May 1, 2008				`. ·		
10.	OFFICERS AND DIREC		11,		GES TO OFFICERS AND DIRECTORS IN		
TITLE	PD CUINN DOREST I	☐ Delete	TITLE	VPD	Change	☐ Addition	
NAME STREET ADDRESS	QUINN, ROBERT J 600 SAND TREE DR SUITE 109		NAME Street Address				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 3340	13	CITY-ST-ZIP				
	VPD		<b>-</b>	7.5	<b>3</b>		
TITLE NAME	DIMBAT, JOHN F	☐ Delete	TITLE NAME	49	<b>Æ</b> Change	Addition	
STREET ADDRESS	600 SANDTREE DR SUITE 109		STREET ADDRESS				
C11Y-S1:719	PALM BEACH GARDENS, FL 3340	)3	CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE	· <del></del>	Change	☐ Addition	
NAME	PARATORE, L	L Delete	NAME				
STREET ADDRESS	600 SANDTREE DR SUITE 109		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 3340	03	CITY-ST-ZIP			ļ	
TITLE	SD	☐ Delete	TITLE	<del></del>	☐ Change	Addition	
NAME	RHETT, IRIS		NAME				
STREET ADDRESS	600 SANDTREE DR SUITE 109		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 3340	)3	CITY-ST-ZIP				
TITLE	]	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	· ·		NAME				
STREET ADDRESS	ĺ		STREET ADDRESS			ļ	

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 trusted empowered to execute this report as required by Chapter 617, 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 impowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Daytime Phone # 172 - 483 - 787

☐ Change

☐ Addition