

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760883

FILED
Apr 10, 2008
Secretary of State

Entity Name: 415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

415 NW N RIVER DRIVE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

415 N RIVER DR CONDO ASSOC
PO BOX 1577
STUART, FL 34995

New Mailing Address:

PO BOX 1577
STUART, FL 34995

FEI Number: 65-0159078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODEM, LOREN E
947 SE CENTRAL PARKWAY
STUART, FL 34994 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: SD () Delete
Name: ELBERT, JOAYNE H
Address: 415 N RIVER DR, # 403
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: MCMULLEN, ROSEMARY
Address: 415 N RIVER DR, # 203
City-St-Zip: STUART, FL 34994

Title: TD () Delete
Name: SUPERSANO, RUSSELL
Address: 415 NW N RIVER DR #402
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ELBERT, JOAYNE H
Address: 415 N RIVER DR, # 403
City-St-Zip: STUART, FL 34994

Title: SD (X) Change () Addition
Name: MCMULLEN/PILGRAM, ROSEMARY
Address: 415 N RIVER DR, # 203
City-St-Zip: STUART, FL 34994

Title: VD (X) Change () Addition
Name: FARRELL, CHRISTOPHER
Address: 415 NW N RIVER DR #303
City-St-Zip: STUART, FL 34994

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: JOAYNE H ELBERT

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date