

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 27, 2009  
Secretary of State**

DOCUMENT# 760883

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:**

PO BOX 1577  
STUART, FL 34995

**New Mailing Address:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: SUPERSANO, RUSSELL  
Address: 415 NW N RIVER DR #402  
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

TD

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date