

**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

06 AUG -9 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08032006 Chg-NP CR2E037 (4/06)

DOCUMENT # N01217 1. Entity Name THE RIVER CLUB TOWNHOUSES CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 1901 NW SOUTH RIVER DRIVE #41 & 42 MIAMI, FL 33125			Mailing Address 9595 N. KENDALL DR. 205 MIAMI, FL 33176 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0150614			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOBRIN, DAVID A 8900 SW 107 AVE 206 MIAMI, FL 33176			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TS		TITLE	TS	
NAME	ENRIQUE, TORRENS <input checked="" type="checkbox"/> Delete		NAME	CLAUDIA TIRADO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1901 NW SOUTH RIVER DRIVE #52		STREET ADDRESS	1901 NW SOUTH RIVER DRIVE #46	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	P		TITLE	P	
NAME	VERDIAL, IRIS <input checked="" type="checkbox"/> Delete		NAME	MIGUEL SANTIAGO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1901 NW SOUTH RIVER DRIVE #29		STREET ADDRESS	1901 NW 6 RIVER DRIVE #17	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	Y		TITLE	VP	
NAME	GUTIERREZ, BARBARA <input checked="" type="checkbox"/> Delete		NAME	CARMEN DIAZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1901 NW SOUTH RIVER DRIVE #27		STREET ADDRESS	1901 NW 6 RIVER DRIVE #30	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	700078759287	
STREET ADDRESS			STREET ADDRESS	08/16/06--01011--004 **\$1.25	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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 empowered.					
SIGNATURE: <i>Claudia Tirado</i> CLAUDIA TIRADO 8/6/06 (305) 6439309 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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