

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006948

FILED
Feb 28, 2007
Secretary of State

Entity Name: THE RIVER HOMES AT ORTEGA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4240 LAKESIDE DR
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

13400 BISHOPS LANE
SUITE 100
BROOKFIELD, WI 53005

New Mailing Address:

FEI Number: 20-5273136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK INC
1395 PANTHER LANE
NAPLES, FL 34109 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: DV () Delete
Name: ZIMMER, MICHAEL S
Address: 13400 BISHOPS LANE SUITE 100
City-St-Zip: BROOKFIELD, WI 53005

Title: DP () Delete
Name: GRAHAM, JOHN O
Address: 13400 BISHOPS LANE SUITE 100
City-St-Zip: BROOKFIELD, WI 53005

Title: DVT () Delete
Name: WALLEN, TIMOTHY J
Address: 13400 BISHOPS LANE SUITE 100
City-St-Zip: BROOKFIELD, WI 53005

Title: VS () Delete
Name: TESKE, ANDREW C
Address: 13400 BISHOPS LANE SUITE 100
City-St-Zip: BROOKFIELD, WI 53005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW C. TESKE

VP

02/28/2007

Electronic Signature of Signing Officer or Director

Date