
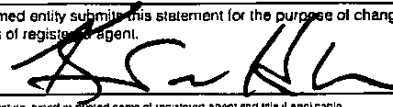
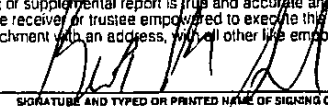


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
08 OCT 29 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|---|--|---|
| DOCUMENT # N05000008558 | |  | |
| 1. Entity Name RIVERCLUB OF PORT CHARLOTTE HOMEOWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 13880 TREELINE AVENUE SOUTH SUITE 3 FORT MYERS, FL 33913 | | Mailing Address 13880 TREELINE AVENUE SOUTH SUITE 3 FORT MYERS, FL 33913 | |
| 2. Principal Place of Business - No P.O. Box # 8359 Beacon Blvd. | | 3. Mailing Address 8359 Beacon Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Fort Myers, FL | | City & State Fort Myers, FL | |
| Zip 33907 | | Country USA | |
| 4. FEI Number 72-1615652 | | 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 | |
| RODRIGUEZ, JUANE 88 SW 8TH ST STE 2660 MIAMI, FL 33130 | | Name Hayden & Associates Street Address (P.O. Box Number is Not Acceptable) Attn: Kenneth W. Hayden 8359 Beacon Blvd. City Fort Myers FL Zip Code 33907 | |
| 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  | | DATE 10/29/08 | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) | | DATE | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | PD COFFIN, T. FAWN <input checked="" type="checkbox"/> Delete 13880 TREELINE AVENUE SOUTH FORT MYERS, FL 33913 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P Brown, Thomas W. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8359 Beacon Blvd. Fort Myers, FL 33907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PENTECOST, JONATHON M <input checked="" type="checkbox"/> Delete 13880 TREELINE AVENUE SOUTH FORT MYERS, FL 33913 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/S/T Zernich, Kurt M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8359 Beacon Blvd. Fort Myers, FL 33907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD RATZ, JAMES <input checked="" type="checkbox"/> Delete 13880 TREELINE AVENUE SOUTH FORT MYERS, FL 33913 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Trkla, Thomas N. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8359 Beacon Blvd. Fort Myers, FL 33907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Date 10/1/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

Kurt M. Zernich

10/30
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10/29/08--01034--008 **61.25