2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # N06000000768 I SERVISTRIEW CONDOMINIUMS AT GRAND HAVEN SSOCIATION, INC. PROCESS PROCESS 290 COCOMINIT ME SURASOTA, FL 34236 SURAS					0:	3-29-2007 S	90018 002 **** <i>6</i>	21.23
290 COCOMULT AVE SARASOTA F, 1 34236 2. Principal Place of Business - No P.O. Box # 3. Making Address Suite. Apt. #, etc.	1. Entity Name RIVERVIEW CONDOMINIUMS AT GRAND HAVEN							
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Severn Teart Services Street Address (P.O. Box Number is Not Acceptable) 17. Name and Address of New Registered Agent Name Severn Teart Services Street Address (P.O. Box Number is Not Acceptable) 17. The above named entity submits this stellament for the purpose of cranging its registered depoil, or toolt, in the State of Provide. I am familiar with, and accept the obligations of registered agent. SIGNATURE Multi Moran as a decide the state of Provide agent. SIGNATURE Filling Fee to \$81.25 Due to the state of Provide agent. Filling Fee to \$81.25 Due to the state of Provide agent. SIGNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Name Added to Fees Filling Fee to State Services 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Name ADDITIONS	City & State		City & State	City & State		20-047	1993 A	
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of the corporation of 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 aderess. With all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE P MUSTARI, RONALD 280 COCOANUT AVE SARASOTA, FL 34236 V ANDREWS, J.S. 290 COCOANUT AVE SARASOTA, FL 34236 ST CARTER, KAY 290 COCOANUT AVE SARASOTA, FL 34236	9. Election Cam Trust Fund C RECTORS Delete Delete Delete Delete Delete	Inpelign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori ES TO OFFICER	da Department of S RS AND DIRECTORS IN Change Change Change	Addition Addition Addition Addition Addition