

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90035 031 ****61.25

DOCUMENT # N08302					
1. Entity Name RIVERWALK CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.					
Principal Place of Business 501 E BURGESS ROAD PENSACOLA, FL 32504 US			Mailing Address P.O. BOX 30038 PENSACOLA, FL 32503 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2420139	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
WILKES, CAROL 220 W GARDEN STREET SUITE 303 PENSACOLA, FL 32502				7. Name and Address of New Registered Agent	
				Name Susan Moody	
				Street Address (P.O. Box Number is Not Acceptable)	
				220 West Garden Street, Suite 303	
City		Zip Code			
Pensacola		FL		32502	
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 <u><i>Susan L Moody</i></u>				DATE <u>2-27-07</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, MARCUS		NAME		
STREET ADDRESS	4513 SEA VIST CT		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERSKINE, AARON		NAME		
STREET ADDRESS	501 E BURGESS RD D-6		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Bill Eddins D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNER, PAT		NAME	900 N. Palafax St.	
STREET ADDRESS	4313 SEA VISTA CT		STREET ADDRESS	Pensacola, FL 32501	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	Hindes, Helene	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NWDES, HELENE		NAME		
STREET ADDRESS	501 E BURGESS RD E-5		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, JEANETTE		NAME		
STREET ADDRESS	501 E BURGESS RD C-5		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Eddins, Lisa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDWS, LISA		NAME	900 No. Palafax St.	
STREET ADDRESS	900 N PALAPV ST		STREET ADDRESS	Pensacola	
CITY-ST-ZIP	PENSACOLA, FL 32501		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: *Jeanette Rhodes, Pres.* 3/2/07