

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13776

FILED
May 01, 2008
Secretary of State

Entity Name: RIVER GROVE ESTATES, INC.

Current Principal Place of Business:

3200 RIVER GROVE CIRCLE
FT. MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

3200 RIVER GROVE CIRCLE
FT. MYERS, FL 33905 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TAYLOR, TINA
3200 RIVER GROVE CIRCLE
FT MYERS, FL 33905 US

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: PD () Delete
Name: STEWART, JOHN
Address: 3180 RIVER GROVE CIRCLE
City-St-Zip: FT. MYERS, FL 33905 US

Title: VD () Delete
Name: CAMPAGNOLO, JASON
Address: 3140 RIVER GROVE CIRCLE
City-St-Zip: FT. MYERS, FL 33905 US

Title: TD () Delete
Name: TAYLOR, TINA
Address: 3200 RIVER GROVE CIRCLE
City-St-Zip: FT. MYERS, FL 33905 US

Title: SD () Delete
Name: JOHNSON, KATHARINA
Address: 3172 RIVER GROVE CIRCLE
City-St-Zip: FT. MYERS, FL 33905 US

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 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: TINA TAYLOR

TD

05/01/2008

Electronic Signature of Signing Officer or Director

Date