


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90716 021 ****61.25

DOCUMENT # N33555 1. Entity Name THE RIVER'S III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O CENTURY 21 SUNBELT REALTY 506 SW 47TH TERR CAPE CORAL, FL 33914 US			Mailing Address C/O CENTURY 21 SUNBELT REALTY 506 SW 47TH TERR CAPE CORAL, FL 33914 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZUNINO, PAOLA C 21 SUNBELT REALTY 506 SW 47TH TERR CAPE CORAL, FL 33914			Name <u>BEVERLY DRIEKA</u> Street Address (P.O. Box Number is Not Acceptable) <u>C-21 SUNBELT REALTY</u> <u>506 SW 47TER</u> City <u>CAPE CORAL, FL</u> <u>FL</u> Zip Code <u>33914</u>		
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>Beverly Drieka - CAM</u> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>			DATE <u>4/26/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		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	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JONES, HARRY	TITLE			
STREET ADDRESS	4019 SE 20TH PL # 703	NAME			
CITY-ST-ZIP	CAPE CORAL, FL 33904	STREET ADDRESS			
TITLE	TD <input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME	LUDWIG, ARNOLD	TITLE			
STREET ADDRESS	4019 SE 20TH PL # 602	NAME			
CITY-ST-ZIP	CAPE CORAL, FL 33904	STREET ADDRESS			
TITLE	PD <input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME	HODES, STUART	TITLE			
STREET ADDRESS	4019 SE 20TH PLACE 703	NAME			
CITY-ST-ZIP	CAPE CORAL, FL 33904	STREET ADDRESS			
TITLE	VD <input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME	CORNER, DONALD	TITLE			
STREET ADDRESS	4019 SE 20 PL #503	NAME			
CITY-ST-ZIP	CAPE CORAL, FL 33904	STREET ADDRESS			
TITLE	PD <input checked="" type="checkbox"/> Delete	CITY-ST-ZIP			
NAME	HODES, STUART	TITLE			
STREET ADDRESS	4019 SE 20TH PL # 703	NAME			
CITY-ST-ZIP	CAPE CORAL, FL 33904	STREET ADDRESS			
TITLE	SD <input type="checkbox"/> Delete	CITY-ST-ZIP			
NAME	GODBY, DENNIS	TITLE			
STREET ADDRESS	4019 SE 20TH PL # 203	NAME			
CITY-ST-ZIP	CAPE CORAL, FL 33904	STREET ADDRESS			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Stuart T. Hodes</u> <u>STUART T. HODES</u> <u>4/28/04</u> <u>239-549-4341</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					