

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2008
Secretary of State**

DOCUMENT# N33555

Entity Name: THE RIVER'S III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 65-0344134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: VESPA, ED
Address: 15943 BELLAIRE
City-St-Zip: ALLEN PARK, MI 48101

Title: VPD () Delete
Name: LANGLANDS, CHARLOTTE
Address: 4019 SE 20TH PL #701
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: LEPERE, BEVERLY
Address: 4019 SE 20TH PL #501
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: SQUILLACE, RITA
Address: 4019 SE 20 PL #502
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HUGHES, PATRICIA
Address: 9400 ROBERTS AVE #302
City-St-Zip: SEA ISLE, NJ 08243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SQUILLACE, RITA
Address: 4019 SE 20TH PL #502
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Change (X) Addition
Name: CARPINI, PASQUALLE D
Address: 21 LORI DR
City-St-Zip: N PROVIDENCE, RI 02911

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: ED VESPA

Electronic Signature of Signing Officer or Director

PD

04/02/2008

Date