2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# N37847

Entity Name: RIVER FALLS ESTATES ASSOC., INC.

Current Principal Place of Business:

POST OFFICE BOX 1611
COCOA BEACH, FL 329321611 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1611
COCOA BEACH, FL 329321611 US

New Mailing Address:

FEI Number: 59-3016022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOURIS, INGE
30 RIVER FALLS DRIVE
COCOA BEACH, FL 32931

Name and Address of New Registered Agent:

CULP, SHELLEY
38 INDIAN VILLAGE TRAIL
COCOA BEACH, FL 32931

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: CULP, SHELLEY W 07/13/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORRIS, INGA
Address: 30 RIVER FALLS DR
City-St-Zip: COCOA BEACH, FL

Title: VD ( ) Delete
Name: FONTES, GEORGE
Address: 54 RIVER FALLS DR
City-St-Zip: COCOA BEACH, FL

Title: TD ( ) Delete
Name: WALKER, JAMES
Address: 30 RIVERFALLS DRIVE
City-St-Zip: COCOA BEACH, FL 32931

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CULP, SHELLEY W
Address: 38 INDIAN VILLAGE TRAIL
City-St-Zip: COCOA BEACH, FL 32931

Title: VD (X) Change ( ) Addition
Name: MONAI, GARY
Address: 24 RIVER FALLS DR
City-St-Zip: COCOA BEACH, FL 32931

Title: TD (X) Change ( ) Addition
Name: MULBERRY, JAN
Address: 43 RIVER FALLS DR
City-St-Zip: COCOA BEACH, FL 32931

Title: SEC ( ) Change (X) Addition
Name: MONAI, JOANN
Address: 24 RIVER FALLS DR
City-St-Zip: COCOA BEACH, FL 32931

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CULP, SHELLEY W PD 07/13/2004
Electronic Signature of Signing Officer or Director Date