2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
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:

30 RIVER FALLS DRIVE
COCOA BEACH, FL 32931 US

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 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: MOURIS, INGE
Address: 30 RIVER FALLS DRIVE
City-St-Zip: COCOA BEACH, FL 32931

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

Title: TD ( ) Delete
Name: WALKER, JAMES
Address: 38 RIVER FALLS DRIVE
City-St-Zip: COCOA BEACH, FL 32931

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

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: INGE MOURIS PD 01/07/2009
Electronic Signature of Signing Officer or Director — Date