

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90373 029 \*\*\*\*61.25

**DOCUMENT # N96000000322**

1. Entity Name  
**RIVERVIEW AT GRAND HARBOR CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O A.R. CHOICE MGMT  
333 17TH ST  
VERO BEACH, FL 32960 US**

Mailing Address  
**C/O A.R. CHOICE MGMT  
333 17TH ST  
VERO BEACH, FL 32960 US**



2. Principal Place of Business  
**333 17th street  
Suite 2L**

3. Mailing Address  
**333 17th street  
Suite 2L**

01032006 Chg-NP CR2E037 (11/05)

City & State  
**VERO BEACH, FL**  
Zip  
**32960** Country  
**US**

City & State  
**VERO BEACH, FL**  
Zip  
**32960** Country  
**US**

4. FEI Number  
**65-0681023**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TULLOCH, VICKI  
5250 E HARBOR DR #302  
VERO BEACH, FL 32967**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Vicki Tulloch (Virginia C. Tulloch)*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
TULLOCH, V C  
333 17TH ST STE 2L  
VERO BEACH, FL 32960** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SULLIVAN, J  
333 17TH ST STE 2L  
VERO BEACH, FL 32960** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
Haraway, William  
333 17th Street, Suite 2L  
VERO BEACH, FL 32960** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
TRAVAGLIANTI, E.  
333 17TH ST STE 2L  
VERO BEACH, FL 32960** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Virginia C. Tulloch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/22/06 772-567-0808**