2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 552439

Entity Name: NORTH RIVER SHORES TENNIS CLUB, INC.

Current Principal Place of Business:

2393 N.W. BRITT ROAD
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2393 N.W. BRITT ROAD
STUART, FL 34994

New Mailing Address:

FEI Number: 59-1782242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, WALTER G
310 SW OCEAN BLVD
STUART, FL 34994 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: DECOSTE, SCOTT
Address: 12200 FLORIDA AVE
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete
Name: STRAUSS, SORREL
Address: 2353 NW BRITT ROAD
City-St-Zip: STUART, FL 34994

Title: PD ( ) Delete
Name: STRAUSS, J E
Address: 708 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: VPD ( ) Delete
Name: COLE, T
Address: 1326 MAXHELEN BLVD #6A
City-St-Zip: WATERLOO, IA 50701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: STRAUSS, SORREL
Address: 2301 NW BRITT ROAD
City-St-Zip: STUART, FL 34994

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT DECOSTE TD 04/27/2006

Electronic Signature of Signing Officer or Director — Date