


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2007 08:00 A  
Secretary of State

DOCUMENT # 709228 1. Entity Name RIVER GARDEN, INC., A CONDOMINIUM	
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Principal Place of Business RIVER GARDEN INC. 3225 E. RIVERSIDE DR. FORT MYERS, FL 33916	Mailing Address 6385 PRESIDENTIAL CT. 101 FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1310303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COPELAND, WILLIAM G  
PALM STATE MGMT.  
6385 PRESIDENTIAL CT., #101  
FORT MYERS, FL 33919

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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 William G. Copeland 1/22/07  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NESTER, SUZANNE PO BOX 2846 FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOOD, JOHN 3225 E RIVERSIDE DR #14A FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCIS, REBECCA 3225 E RIVERSIDE DR #24B FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, ALLISON 3225 E RIVERSIDE DR., #34C FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEZAK, WAYNE 50 CHAPEL ST FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000604147  
01/25/07-80042-006 61.25

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 the empowered.

SIGNATURE: William G. Copeland 1/22/07 2394335272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #