2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 29, 2007 **DOCUMENT# 709228** Secretary of State

Entity Name: RIVER GARDEN, INC., A CONDOMINIUM

Current Principal Place of Business: New Principal Place of Business:

RIVER GARDEN INC 3225 E. RIVERSIDE DR FORT MYERS, FL 33916

New Mailing Address: Current Mailing Address:

C/O SILVERCRESTED MGT INC 6385 PRESIDENTIAL CT. P.O. BOX 1848

FORT MYERS, FL 33919 FORT MYERS, FL 33902

FEI Number: 59-1310303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

COPELAND, WILLIAM G SILVERCRESTED MGT INC PALM STATE MGMT. 3440 MARINATOWN LANE 6385 PRESIDNETIAL CT., #101 206 FORT MYERS, FL 33919 US FORT MYERS, FL 33903 US

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: LEE J VAN TILBURG 08/29/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

NESTER, SUZANNE NESTER, SUZANNE Name: Name: PO BOX 2846 Address: PO BOX 2846 Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905

Title: Title: VD () Delete (X) Change () Addition

HOOD, JOHN Name: HOOD, JOHN Name:

Address: 3225 E RIVERSIDE DR #14A Address: 3225 E RIVERSIDE DR #14A City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: FORT MYERS, FL 33916

Title: () Delete Title: (X) Change () Addition FRANCIS, REBECCA Name:

FRANCIS, REBECCA Name: 3225 E RIVERSIDE DR #24B 3225 E RIVERSIDE DR #24B Address: Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: FORT MYERS, FL 33916

(X) Change () Addition Title: () Delete Title: PD

Name: BELL, ALLISON Name: JORDAN, ALIS 3225 E RIVERSIDE DR., #34C 3225 E RIVERSIDE DR., #34C Address: Address:

City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: FORT MYERS, FL 33916

Title: (X) Delete Title: () Change () Addition TEZAK, WAYNE Name: Name:

50 CHAPEL ST Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 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: ALIS JORDAN PD 08/29/2007