2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713162

Apr 11, 2005 Secretary of State

Entity Name: RIVER SHORES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3000 NE 16TH AVE 4TH FLOOR OAKLAND PARK, FL 33334 **New Mailing Address: Current Mailing Address:** 3000 NE 16TH AVE 4TH FLOOR OAKLAND PARK, FL 33334 FEI Number: 59-1196377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEENAN, NANCY 3000 NE 16 AVE OAKLAND PARK, FL 33334 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FEENAN, NANCY Name: Name: 3020 N.E. 16TH AVE. #E208 Address: Address: City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition COOKE, JAMES Name: WILLARD, HAROLD Name: Address: 2990 N.E. 16TH AVE. #C308 Address: 3060 N.E. 16TH AVENUE #H101 City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: OAKLAND PARK, FL 33334 Title: () Delete Title: (X) Change () Addition SCHWARZ, ELIZABETH LYNCH, RICHARD Name: Name: 1900 N.E. 54TH STREET 3020 N.E. 16TH AVE. #E203 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33308 City-St-Zip: FT. LAUDERDALE, FL 33334 Title: SD Title: () Change () Addition () Delete Name: SMIGALA, BILL Name: 2990 N.E. 16TH AVE., #C205 Address: Address: City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition PERRY, DOT ESQUENAZI, CRAIG Name: Name: 2990 N.E. 16TH AVE. #C202 3060 N.E. 16TH AVE. #H103 Address: Address: City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY FEENAN PD 04/11/2005