

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90004 020 ****61.25



DOCUMENT # 713162
 1. Entity Name
 RIVER SHORES ASSOCIATION, INC.

Principal Place of Business
 3000 N.E. 16TH AVE.
 4TH FLOOR
 OAKLAND PARK, FL 33334

Mailing Address
 3000 N.E. 16TH AVE.
 4TH FLOOR
 OAKLAND PARK, FL 33334

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

05062008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1196377

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

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent
 FEENAN, NANCY
 3020 N.E. 16TH AVE. #E208
 OAKLAND PARK, FL 33334

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: *[Signature]* Pres. DATE: 5/6/08

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

Filing Fee is \$61.25
Due by September 12, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FEENAN, NANCY	
STREET ADDRESS	3020 N.E. 16TH AVE. #E208	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANE, RICHARD	
STREET ADDRESS	2990 N.E. 16TH AVE. #C206	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEINZELMAN, WILLIAM	
STREET ADDRESS	3000 N.E. 16TH AVE. #D412	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	TR	<input type="checkbox"/> Delete
NAME	LYNCH, RICHARD	
STREET ADDRESS	3020 N.E. 16TH AVE. #E203	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	LYNCH, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3020 N.E. 16th AVE. #E203	
CITY-ST-ZIP		OAKLAND PARK, FL 33334	
TITLE	VD	FEENAN, NANCY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3020 N.E. 16th AVE. # E208	
CITY-ST-ZIP		OAKLAND PARK, FL 33334	
TITLE	TR	HEINZELMAN, WM.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3000 N.E. 16th AVE. # D412	
CITY-ST-ZIP		OAKLAND PARK, FL 33334	
TITLE	SD	BOUCHARD, MARGARET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3040 N.E. 16th AVE. # A310	
CITY-ST-ZIP		OAKLAND PARK, FL 33334	
TITLE	ASD	STRUGAR, BARBARA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		8970 N.E. 16th AVE. # B112	
CITY-ST-ZIP		OAKLAND PARK, FL 33334	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *[Signature]* DATE: 5/6/08 DAYTIME PHONE #: 954-565-5654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR