


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90007 003 ****61.25

DOCUMENT # 723339	
1. Entity Name RIVER VISTA CONDOMINIUM ASSOCIATION, INC	

Principal Place of Business 1950 NE INDIAN RIVER DR JENSEN BEACH FL 34957 US	Mailing Address 1950 NE INDIAN RIVER DR JENSEN BEACH FL 34957 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-1478463		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAKAB, JOSEPH J 666 NE DIXIE HWY JENSEN BEACH FL 34957		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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINGO, JAMES		NAME	RYAN, DOLORES	
STREET ADDRESS	1950 NE INDIAN RIVER DR # 303		STREET ADDRESS	1950 NE INDIAN RIVER DR # 304	
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	BOWDEN, DEBBIE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEAK, HELEN		NAME	1950 NE INDIAN RIVER DR # 303	
STREET ADDRESS	1950 NE INDIAN RIVER DR # 205		STREET ADDRESS	JENSEN BEACH, FL 34957	
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCARONE, FRED		NAME		
STREET ADDRESS	1950 NE INDIAN RIVER DR		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, DONALD		NAME	PLAVCHAK, ANN	
STREET ADDRESS	1950 NE INDIAN RIVER DR #305		STREET ADDRESS	1950 NE INDIAN RIVER DR # 203	
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORHAM, EILEEN		NAME		
STREET ADDRESS	1950 NE INDIAN RIVER DR # 301		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMFAEY, DONALD		NAME	POMFREY, DONALD	
STREET ADDRESS	1950 NE INDIAN RIVER DR #105		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X *Dolores P. Ryan* 2/11/06