


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

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90193 002 ****61.25

DOCUMENT # 726161 1. Entity Name RIVERHOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 78 BOUNDARY BLVD. 0-500 ROTONDA WEST FL 33947		Mailing Address 78 BOUNDARY BLVD. 0-500 ROTONDA WEST FL 33947			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1542515 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent POSTON, SHIRLEY J 84 BOUNDARY BLVD #181 ROTONDA WEST FL 33947			7. Name and Address of New Registered Agent Name HELEN PERRY Street Address (P.O. Box Number is Not Acceptable) 96 BOUNDARY BLVD. #124 City ROTONDA WEST, FL Zip 33947		
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 <u><i>HELEN R. PERRY Vice Chair</i></u> HELEN R. PERRY 4-26-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TODD, WILLIAM 66 BOUNDARY BLVD #232 ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIGGS, MICHAEL 78 BOUNDARY BLVD. #174 ROTONDA WEST, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DUDLEY, CARLTON 96 BOUNDARY BLVD #216 ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STILES, PETER 96 BOUNDARY BLVD. #119 ROTONDA WEST, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSTON, SHIRLEY 84 BOUNDARY BLVD., #172 ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PERRY, HELEN 96 BOUNDARY BLVD. #124 ROTONDA WEST, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTMAN, ROLF 72 BOUNDARY BLVD #277 ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PACINELLI, LINDA 12 MARKER RD. ROTONDA WEST, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, JOHN 78 BOUNDARY BLVD #195 ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLOY, MAUREEN 13133 BATLIN AVE PT. CHARLOTTE, FL 33953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOTZ, LOIS 88 BOUNDARY BLVD. #148 ROTONDA WEST, FL 33947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALY, JAMES 78 BOUNDARY BLVD. #188 ROTONDA WEST, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *HELEN R. PERRY* **HELEN R. PERRY** **4-26-06** **941-697-1444**