


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

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90031 028 \*\*\*\*61.25

**DOCUMENT # 728266**  
 1. Entity Name  
**RIVERWALK ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**4601 NORTH A-1-A**      **4601 NORTH A-1-A**  
**BOX A**      **BOX A**  
**VERO BEACH FL 32963**      **VERO BEACH FL 32963**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1723469**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**QUINN, J. D.**  
**2205 14TH AVENUE**  
**VERO BEACH FL 32960**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RIVERA, JOSE</b> <input checked="" type="checkbox"/> Delete <b>4601 N A1A #510</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Delete <b>ALBERT, CELESTE</b> <b>4601 N A1A #301</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Delete <b>PRICE, CHRIS</b> <b>19440 SW 39TH COURT</b> <b>MIRAMAR FL 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Delete <b>BAKER, MARC</b> <b>4601 N A1A #108</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>COCHRANE, SHARON</b> <b>4601 N A1A #108</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>NEWTON, ANNE</b> <b>4601 N A1A #202</b> <b>VERO BEACH FL 32963</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BEVERLEY MOBENSEN</b> <b>4601 N A1A #403</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARIE BERNINLEZ</b> <b>4601 N A1A APT 507</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EILEEN ELY</b> <b>4601 N A1A APT 207</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WILLIAM H. PHILIPP</b> <b>4601 N A1A APT 503</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PETER HANSON</b> <b>4601 N A1A APT 304</b> <b>VERO BEACH FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CAROL LYNN PETERSON</b> <b>4601 N A1A APT 304</b> <b>VERO BEACH FL 32963</b>

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 *W. H. Philipp*      *U. P. H. I. I.*      *WILLIAM H. PHILIPP*      *1 231 01*      *1 720 201*      *2108*