

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 739361 1. Entity Name 115 RIVER DRIVE CONDOMINIUM ASSOCIATION, INC.						FILED 06 FEB -7 PM 1:21 SECRETARY OF STATE TALLAHASSEE, FL 32301			
Principal Place of Business 115 NORTH INDIAN RIVER DR., BLDG 1 BOX 500 COCOA, FL 32922				Mailing Address 115 NORTH INDIAN RIVER DR., BLDG 1 BOX 500 COCOA, FL 32922					
2. Principal Place of Business		3. Mailing Address		09202005 Chg-NP		CR2E037 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2132051		Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
OSBORN, MARY L 115 INDIAN RIVER DR. # 424 COCOA, FL 32922				Name Hyatt, Roy J. Street Address (P.O. Box Number is Not Acceptable) 115 N. Indian River Drive Unit #230 City Cocoa FL Zip Code 32922					
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>Roy Hyatt</u>				DATE: <u>1-30-06 RH</u> <u>4-20-05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
Amended AR is \$61.25				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	VD THORNEWELL, MARYILYN 115 INDIAN RIVER DR., #417 COCOA, FL 32922	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600067187326 03/07/06--01006--010 **70.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBOURN, MARY L 115 INDIAN RIVER DR #424 COCOA, FL 32922	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JOSEPH 115 INDIAN RIVER DRIVE # 203 COCOA, FL 32922	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEEL, KENNETH C 115 INDIAN RIVER DR., #120 COCOA, FL 32922	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D HOGG, BRUCE 115 INDIAN RIVER DR. #220 COCOA, FL 32922				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYATT, ROY 115 INDIAN RIVER DRIVE # 230 COCOA, FL 32922	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Roy Hyatt</u>				Date: <u>1-30-06 RH</u> <u>4-20-05</u> (321)633-4050					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #					