

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90033 013 \*\*\*\*61.25

<b>DOCUMENT # 740454</b> 1. Entity Name <b>TOWN AND RIVER CONDOMINIUM PHASE TWO ASSOCIATION, INC.</b>			
Principal Place of Business <b>4289 MARINER WAY FORT MYERS, FL 33919</b>		Mailing Address <b>REALTY SERVICES 2525 PARKWAY ST FORT MYERS, FL 33901</b>	
2. Principal Place of Business - No P.O. Box # <b>670 COASTAL ASSOC. MGMT 11595 KELLY ROAD #309</b>		3. Mailing Address <b>670 COASTAL ASSOC. MGMT 11595 KELLY ROAD #309</b>	
City & State <b>FT. MYERS, FL</b>		City & State <b>FT. MYERS, FL</b>	
Zip <b>33908</b>		Zip <b>33908</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1803897</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REALTY SERVICES 2525 PARKWAY ST FORT MYERS, FL 33901</b>		7. Name and Address of New Registered Agent <b>ARLENE O'NEILL</b> <b>670 COASTAL ASSOC. MGMT.</b> <b>11595 KELLY ROAD #309</b> <b>FT. MYERS FL 33908</b>	
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>Arlene O'Neill</i></u> <b>ARLENE O'NEILL</b> DATE: <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	<b>VD</b> <b>SHOCKEY, MARIAN</b> <b>4289 MARINER WAY, #214</b> <b>FORT MYERS, FL 33919</b>		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>PD</b> <input type="checkbox"/> Delete		
NAME	<b>PYNE, EDMUND C</b>		
STREET ADDRESS	<b>4289 MARINER WAY #312</b>		
CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>		
TITLE	<b>TD</b> <input type="checkbox"/> Delete		
NAME	<b>BEEBE, KEN</b>		
STREET ADDRESS	<b>4289 MARINER WAY #114</b>		
CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>		
TITLE	<b>D</b> <input type="checkbox"/> Delete		
NAME	<b>SHIRLEY, BILL</b>		
STREET ADDRESS	<b>4289 MARINER WAY #414</b>		
CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>		
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Delete		
NAME	<b>WILHELM, HELEN</b>		
STREET ADDRESS	<b>4289 MARINER WAY #210</b>		
CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 full power like empowered.			
SIGNATURE: <u><i>Edmund Pyne</i></u> <b>EDMUND PYNE</b>		Date: <u>4/30/07</u> Daytime Phone: <u>239-481-4686</u>	

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