


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90154 032 \*\*\*\*61.25

<b>DOCUMENT # 741980</b> 1. Entity Name <b>RIVER TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4260-4280 SE 20TH PLACE CAPE CORAL, FL 33904-2404</b>			Mailing Address <b>4260-4280 SE 20TH PLACE CAPE CORAL, FL 33904-2404</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1732809</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KIES, GEORGE CD 4260 S.E. 20TH PL. 1-301 CAPE CORAL, FL 33904</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KIES, GEORGE</b>		NAME		
STREET ADDRESS	<b>4260 SE 20TH PLACE, 1-301</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAURER, LOIS</b>		NAME		
STREET ADDRESS	<b>4260 SE 20TH PLACE, 1-607</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BRAUN, MARILYN</b>		NAME	<b>CHUCK BRAUN</b>	
STREET ADDRESS	<b>4260 S.E. 20TH PL. 1-701</b>		STREET ADDRESS	<b>4260 SE 20TH PL, 1-701</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AGEE, JEFFERSON</b>		NAME	<b>SD</b>	
STREET ADDRESS	<b>4280 S.E. 20TH PLACE, 2-606</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MOYLE, STUART</b>		NAME	<b>GENE PRINCIPAL</b>	
STREET ADDRESS	<b>4260 S.E. 20TH PLACE, 1-305</b>		STREET ADDRESS	<b>3532 SE 18TH PL</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP	<b>CAPE CORAL, FL 33904</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
<b>SIGNATURE: Lois Maurer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	