2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741980

Apr 30, 2008 Secretary of State

Entity Name: RIVER TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O AMERICAN CONDO MGMT 615 CAPE CORAL PKWY, W. #103 CAPE CORAL, FL 33914 **Current Mailing Address: New Mailing Address:** C/O AMERICAN CONDO MGMT PO BOX 100399 CAPE CORAL, FL 33910 FEI Number: 59-1732809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAST, SUSAN KASE, SUSAN C/O AMERICAN CONDO MGMT C/O AMERICAN CONDO MGMT 615 CAPE CORAL PARKWAY W. #103 615 CAPE CORAL PARKWAY W. #103 CAPE CORAL, FL 33914 US CAPE CORAL, FL 33914 US 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. SIGNATURE: SUSAN KASE 04/30/2008 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition MCKIERNAN, DON Name: Name: 4260 SE 20TH PL #1-802 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: Title: () Delete () Change () Addition BRAUN, CHUCK Name: Name: Address: 4260 SE 20TH PL. 1-701 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: VΡ Title: (X) Change () Addition () Delete AGEE, JEFF RALSTON, ROBERT Name: Name: 9378 CARRIAGE RUN CIR Address: 4280 SE 20TH PL. #2-606 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: LOVELAND, OH 45140 Title: TD () Delete Title: () Change () Addition PRINCIPI, GENE Name: Name: 3532 SE 18TH PL Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: (X) Change () Addition RALSTON, BOB KIES, GEORGE Name: Name: 9378 CARRIAGE RUN CIR 740 CREEKSIDE DRIVE #208 Address: Address: City-St-Zip: LOVELAND, OH 45140 City-St-Zip: MT PROSPECT, IL 60056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE PRINCIPI Т 04/30/2008