

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

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 742244	
1. Entity Name RIVERVIEW MANOR CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 200 ST. LUCIE LANE #250 COCOA BCH FL 32931	Mailing Address 200 ST. LUCIE LANE #250 COCOA BCH FL 32931
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2025031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STAFFORD, SHIRLEY
200 ST. LUCIE LANE #506
COCOA BCH FL 32931

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when removing) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE	NAME	☐ Delete
PD	HEINZ, JUNE B	
STREET ADDRESS	200 ST LUCIE LN #203	
CITY- ST- ZIP	COCOA BEACH FL 32931	
TITLE	NAME	☐ Delete
TD	STAFFORD, SHIRLEY J	
STREET ADDRESS	200 ST LUCIE LANE 506	
CITY- ST- ZIP	COCOA BCH FL 32931	
TITLE	NAME	☐ Delete
SD	CHAPMAN, ELIZABETH	
STREET ADDRESS	200 ST LUCIE LN. #105	
CITY- ST- ZIP	COCOA BCH FL 32931	
TITLE	NAME	☐ Delete
VD	ARTHUR, SUSAN	
STREET ADDRESS	200 ST LUCIE LN #106	
CITY- ST- ZIP	COCOA BEACH FL 32931	
TITLE	NAME	☐ Delete
VD	NORTON, E. RAY	
STREET ADDRESS	200 ST LUCIE LN #305	
CITY- ST- ZIP	COCOA BCH FL 32931	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS		
CITY- ST- ZIP		

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: *Shirley J. Stafford* Shirley J. Stafford 2-11-06 674078212