


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 746089 1. Entity Name RIVER ROYALE, INC.	
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Principal Place of Business 250 PALM RIVER BLVD B202 NAPLES, FL 34110	Mailing Address 250 PALM RIVER BLVD B202 NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONGER, STEPHEN
250 PALM RIVER BLVD., B202
NAPLES, FL 33942

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONGER, STEPHEN 250 PALM RIVER BLVD., B202 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOUGHLAND, WILLIAM 240 PALM RIVER C101 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELSER, WILLIAM 240 PALM RIVER, C202 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATONETTI, FELIX 250 PALM RIVER BLVD B201 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, TIMOTHY 230 PALM RIVER BLVD D101 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000897868
04/25/08-80066-006 61.25

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IN THIS SPACE**

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.

SIGNATURE: Stephen B. Conger Director 4/1/08 239-597-6657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #