

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 747895
 1. Entity Name
RIVER VILLA OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3100 S ATLANTIC AVE #101 COCOA BCH FL 32931 **3100 S ATLANTIC AVE #101 COCOA BCH FL 32931**



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3058711** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAREN, MANN
3100 S. ATLANTIC AVE #106
COCOA BEACH FL 32931

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 *Karen Mann* DATE 2/5/04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD SHAKED, MEIR	<input type="checkbox"/> Delete
STREET ADDRESS	3100 S. ATLANTIC AVE #208	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	DVP MANN, TROY	<input type="checkbox"/> Delete
STREET ADDRESS	3100 S. ATLANTIC AVE #203	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	ST KAREN, MANN	<input type="checkbox"/> Delete
STREET ADDRESS	3100 S. ATLANTIC AVE #106	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 02/24/04-80011-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karen Mann* Karen Mann DATE 2/5/04 Daytime Phone # 321-784-3891
Signature and typed or printed name of signing officer or director Date Daytime Phone #