



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90407 010 ****61.25

DOCUMENT # 747895					
1. Entity Name RIVER VILLA OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3100 S ATLANTIC AVE #101 COCOA BCH, FL 32931		Mailing Address 3100 S ATLANTIC AVE #101 COCOA BCH, FL 32931		<p style="text-align: right; font-size: 24pt;">50012567</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3058711	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Petey Davis</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>1980 N Atlantic Ave #201</u>	
				City <u>Cocoa Beach FL</u> Zip Code <u>32931</u>	
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 <u>Petey Davis</u>				DATE <u>4/13/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAKED, MEIR		NAME		
STREET ADDRESS	3100 S.ATLANTIC AVE #208		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, SUE		NAME		
STREET ADDRESS	3100 S ATLANTIC AVE, # 203		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, MIKE		NAME		
STREET ADDRESS	3100 S ATLANTIC AVE, # 207		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<u>Seery, Mike</u>	
STREET ADDRESS			STREET ADDRESS	<u>3100 S Atlantic Ave #106</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>Cocoa Beach FL 32931</u>	
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		
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.					
SIGNATURE: <u>Sue M. Quinn</u>			Date: <u>4/13/06</u>		Daytime Phone #: <u>321-783-1234</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #