

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**



**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90018 026 \*\*\*\*61.25

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03212007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 747895</b> 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1980 N. Atlantic Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 701	
City & State		City & State Cocoa Beach, FL.	
Zip	Country	Zip 32931	Country USA
4. FEI Number 59-3058711		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, PATSY Pety 1980 N ATLANTIC AVE 701 COCOA BEACH, 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 reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DVP QUINN, SUE 3100 S ATLANTIC AVE, # 203 COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, MIKE 3100 S ATLANTIC AVE, # 207 COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERRY, MIKE 3100 S ATLANTIC AVE 104 COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerry, Mike V. Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			