2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90128 029 ****61.25

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DOCUMENT #747895 RIVER VILLA OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC. 40091240 Principal Place of Business Mailing Address 3100 S ATLANTIC AVE 1980 N. ATLANTIC AVE #101 **SUITE 701** COCOA BCH, FL 32931 COCOA BCH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-NP CR2E037 (12/06) City & State City & State Applied For FEI Number 59-3058711 Not Applicable Zip Country Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, PETEY 1980 N ATLANTIC AVE 701 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH, FL 32931 City 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Fiorida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Mueller, Robert DVP TITLE TITLE Delete Change QUINN, SUE NAME NAME 31605 A419nh(A)C STREET ADDRESS 3100 S ATLANTIC AVE, # 203 STREET ADDRESS COCOA BEACH, FL 32931 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ■ Addition KENNEDY, MIKE NAME STREET ADDRESS 3100 S ATLANTIC AVE, # 207 STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP TITLE □ Defete TITLE Change ☐ Addition SERRY, MIKE NAME 3100 S ATLANTIC AVE 104 STREET ADDRESS STREET ADDRESS City-St-ZIP COCOA BEACH, FL 32931 CITY-ST-7IP ☐ Delete TITLE ☐ Channe

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.

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SINATURE AND TYPED OR PRINTED MANE OF SIGNARY OFFICER OR DIRECTOR