

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 029 ****61.25



01122007 Chg-NP CR2E037 (12/06)

DOCUMENT # 750931					
1. Entity Name RIVER TERRACE II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P&M PROPERTY MGMT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908			Mailing Address P&M PROPERTY MGMT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # P&M Property Mgt. Suite, Apt. #, etc. 14360 S. Tamiami Trl. #B City & State Fort Myers, FL Zip 33912 Country Lee		3. Mailing Address P&M Property Mgt. Suite, Apt. #, etc. 14360 S. Tamiami Trl. #B City & State Fort Myers, FL Zip 33912 Country Lee		4. FEI Number 59-1991277 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 SAPP, PAUL P&M PROPERTY MGMT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name PAUL SAPP Street Address (P.O. Box Number is Not Acceptable) P&M Property Mgt. 14360 S. Tamiami Trl. #B City Fort Myers FL Zip Code 33912		
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 the registered agent. SIGNATURE <u>Paul Sapp</u> 4-5-07 <small>Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
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	DP <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, NORMA	NAME	Carter, Norma		
STREET ADDRESS	27249 PULLEN AVE. #B-4	STREET ADDRESS	27249 Pullen Ave. #B-4		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs, FL 34135		
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARONE, BOB	NAME	Carolyn Portillo		
STREET ADDRESS	27227 PULLEN AVE. # A-23	STREET ADDRESS	27249 Pullen Ave. B-4		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs, FL 34135		
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	Sec 1 Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOWALSKI, TANYA	NAME	Crystal Joyner		
STREET ADDRESS	27260 HORNE AVENUE C-23	STREET ADDRESS	19018 Geranium Rd		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Fort Myers, FL 33912		
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			
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>[Signature]</u>			3/29/07 239-947 4945		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		