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

SIGNATURE: Warlene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2004 8:00 am **DOCUMENT # 754311** Secretary of State 1. Entity Name 02-18-2004 90021 050 ****61.25 RIVERS EDGE PROPERTY OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 49 SUNSET DRIVE 'SEBASTIAN FL 32958 49 SUNSET DRIVE 24012051 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 59-2966850 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE TOMOSER TODD, DEBBIZ Street Address (P.O. Box Number is Not Acceptable) 20 SUNSET DR SEBASTÁIN FL 32958 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 2/10/04 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. EDYTHE TOMOSER-PRES. TITLE Change TITLE Delete TODD, DEBBIE NAME NAME 27 SUNSET DR. 20 SUNSET DR Sepastian, FL 32958 STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-789 CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition PERRY, MAGGIE NAME NAME 47 SUNSET DRIVE STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32959 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition CRAIG. DARLENE - --NAME NAMÉ 49 SUNSET DRIVE STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. DARLENE CRaig

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