

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756193

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** RIVER BLUFF CONDOMINIUM ASSOCIATION OF MELBOURNE, INC.

**Current Principal Place of Business:**

1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-2252530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADVANCED PROPERTY MANAGEMENT, INC  
1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: NOLL, GERALD  
Address: 441 N HARBOR CITY BLVD #C7  
City-St-Zip: MELBOURNE, FL 32935

Title: SD  
Name: GOODE, HENRY  
Address: 411 N. HARBOR CITY BLVD. #D-5  
City-St-Zip: MELBOURNE, FL 32935

Title: VD  
Name: FRIED, HOWARD  
Address: 441 N HARBOR CITY BLVD #D4  
City-St-Zip: MELBOURNE, FL 32935

Title: PD  
Name: AVERILL, SUSAN  
Address: 441 N HARBOR CITY BLVD #D-3  
City-St-Zip: MELBOURNE, FL 32935

Title: D  
Name: CELI, MICHAEL  
Address: 441 N. HARBOR CITY BLVD C-9  
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VAN MOORE

RA

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date