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

MATURE AND TYPES OR ESSANTED MAKE OF SIGN

SIGNATURE:

Loielar

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT #756455** 04-21-2008 90040 018 ****61.25 RIVERSIDE BEACH CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 12498 RIVERSIDE DR 16681 MCGREGOR BLVD FORT MYERS, FL 33919 **STF 104** FT MYERS, FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 01312008 Chg-NP Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (12/06) City & State City & State 4. FEI Number 59-2263396 Applied For Not Applicable Country 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 TOP MANAGEMENT OF SWIFL INC 16681 MCGREGOR BLVD Street Address (P.O. Box Number is Not Acceptable) **STE 104** FT MYERS, FL 33908 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE □ Delete TITLE ☐ Change ☐ Addition NAME GIRODANO, ANTHONY NAME STREET AINDRESS 12498 RIVERSIDE DRIVE #205 STREET ANDRESS FORT MYERS, FL 33919 CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete MLE ☐ Chance Addition **ELLIS, RAYMOND** NAME NAME STREET ADDRESS 12498 RIVERSIDE DR #107 STREET ADDRESS FORT MYERS, FL 33919 CITY-ST-21P CITY-ST-7P ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAMPBELL, JIM NAME MINE STREET ACCRESS 12498 RIVERSIDE DR STREET ADDRESS CITY-ST-ZIP___ FORT MYERS, FL 33919 CITY-ST-ZIP ☐ Delete ☐ Addition DILE ☐ Change TITLE BARBOSA, ETHEL NAME NAME STREET ADDRESS 12498 RIVERSIDE DR STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP DTLF ☐ Detete TITLE ☐ Chance ☐ Addition SAMBUCO, FRANK NAME NAME STREET ADDRESS 12436 RIVERSIDE DR STREET ADDRESS FORT MYERS, FL 33919 CITY-ST-ZIP CITY-ST-ZIP mle Deteta TITLE ☐ Change Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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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