

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90159 010 ****61.25

DOCUMENT # 758487 1. Entity Name RIVERPLACE II ASSOCIATION, INC.					
Principal Place of Business 4844 RIVER PLACE FORT PIERCE, FL 34982 US			Mailing Address 4844 RIVER PLACE DR. FORT PIERCE, FL 34982 US		
2. Principal Place of Business 1605 Old River Rd. Suite, Apt. #, etc.		3. Mailing Address 1910 Old River Rd. Suite, Apt. #, etc.			
City & State Ft. Pierce, FL Zip 34982 Country St. Lucie		City & State Ft. Pierce, FL Zip 34982 Country St. Lucie		4. FEI Number 65-0099873 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03222005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent BISHOP, RAYMOND T 4844 RIVER PLACE FORT PIERCE, FL 34982			7. Name and Address of New Registered Agent Name RAUB A. Robinson Street Address (P.O. Box Number is Not Acceptable) 1605 Old River Rd. City Ft. Pierce, FL Zip Code 34982		
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 DATE 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 PD NAME BISHOP, RAYMOND T STREET ADDRESS 4844 RIVER PLACE CITY-ST-ZIP FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete		TITLE PD NAME RAUB A. Robinson STREET ADDRESS 1605 Old River Rd. CITY-ST-ZIP Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME MAYO, JOHN STREET ADDRESS 1207 SW 87TH TERR. CITY-ST-ZIP PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MULLINS, TERESA STREET ADDRESS 1910 OLD RIVER RD CITY-ST-ZIP FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE TD NAME TERESA Addison-Mullins STREET ADDRESS 1910 Old River Rd. CITY-ST-ZIP Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME DELUTIS, JUDIE STREET ADDRESS 1904 OLD RIVER RD. CITY-ST-ZIP FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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.					
SIGNATURE: <u>Teresa Addison-Mullins</u> <u>TERESA Addison-Mullins</u> <u>4-25-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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(772) 530-4184