2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 758487

1. Entity Name
RIVERPLACE II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1605 OLD RIVER ROAD FORT PIERCE, FL 34982 US	1910 OLD RIVER ROAD FORT PIERCE, FL 34982 US

01212006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0099873
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, RAUB A.
1605 OLD RIVER ROAD
FORT PIERCE, FL 34982

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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 _____ 1/22/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, RAUB A.
STREET ADDRESS	1605 OLD RIVER ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	VPD
NAME	MAYO, JOHN
STREET ADDRESS	1207 SW 87TH TERR.
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	TD
NAME	MULLINS, TERESA
STREET ADDRESS	1910 OLD RIVER RD
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	SD
NAME	DELUTIS, JUDIE
STREET ADDRESS	1904 OLD RIVER RD.
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	TD
NAME	ADDISON-MULLINS, TERESA
STREET ADDRESS	1910 OLD RIVER ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/06-80053-001 61.25

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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: _____ 1/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #