

**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.	
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Principal Place of Business 1605 OLD RIVER ROAD FORT PIERCE, FL 34982 US	Mailing Address 1910 OLD RIVER ROAD FORT PIERCE, FL 34982 US
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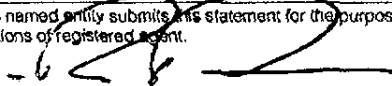
01212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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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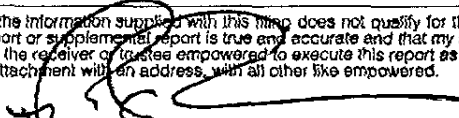
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE <u>1/22/06</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, RAUB A. 1605 OLD RIVER ROAD FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MAYO, JOHN 1207 SW 87TH TERR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULLINS, TERESA 1910 OLD RIVER RD FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELUTIS, JUDIE 1904 OLD RIVER RD. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADDISON-MULLINS, TERESA 1910 OLD RIVER ROAD FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000412542
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>1/22/06</u> Daytime Phone #