2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758487

FILED Feb 10, 2007 Secretary of State

Entity Name: RIVERPLACE II ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1605 OLD RIVER ROAD

FORT PIERCE, FL 34982 US

Current Mailing Address: New Mailing Address:

1910 OLD RIVER ROAD 1605 OLD RIVER ROAD FORT PIERCE, FL 34982 US FORT PIERCE, FL 34982 US

FEI Number: 65-0099873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ROBINSON, RAUB A. ROBINSON, RAUB A. Name: Name: 1605 OLD RIVER ROAD Address: 1605 OLD RIVER ROAD Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982

Title: VPD Title: (X) Change () Addition () Delete MAYO, JOHN Name: WAUGAMAN, ROBERT Name:

Address: 1207 SW 87TH TERR. Address: 1250 S.W. BELLEVUE AVENUE City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PORT ST. LUCIE, FL 34953

Title: () Delete Title: (X) Change () Addition

MULLINS, TERESA ROBINSON, DAWN Name: Name: 1910 OLD RIVER RD Address: Address: 1605 OLD RIVER RD City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982

Title: SD () Delete Title: () Change () Addition

DELUTIS, JUDÍE Name: Name: 1904 OLD RIVER RD. Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

ADDISON-MULLINS, TERESA Name: Name: 1910 OLD RIVER ROAD Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAWN C. ROBINSON TD 02/10/2007