



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90045 015 ****61.25

DOCUMENT # 758870					
1. Entity Name RIVER WATCH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 29 AQUA RA DR JENSEN BEACH, FL 34957 US			Mailing Address 29 AQUA RA DR JENSEN BEACH, FL 34957 US		
2. Principal Place of Business PO BOX 6088 Suite, Apt. #, etc.		3. Mailing Address PO BOX 6088 Suite, Apt. #, etc.			
City & State JENSEN BEACH FL Zip: 34957 Country: US		City & State JENSEN BEACH FL Zip: 34957 Country: US		4. FEI Number 59-3501610	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRAZI, LEIF ESQ 217 EAST OCEAN BLVD STUART, FL 33494			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		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 MOCKUS, FRANK STREET ADDRESS 89 AQUA RA DR CITY - ST - ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BEAN, MARY Z STREET ADDRESS 27 AQUA RA DR. CITY - ST - ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE S/T/D NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BRANN, ROBERT STREET ADDRESS 107 AQUA RA DR CITY - ST - ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME CALLAN, JOHN STREET ADDRESS 29 AQUA RA DR. CITY - ST - ZIP JENSEN BEACH, FL 34957	<input checked="" 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 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: <i>MARY Z. BEAN</i> MARY Z. BEAN 3/24/06 772-229-0611 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					