

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90039 038 ****61.25

DOCUMENT # 758870

1. Entity Name

RIVER WATCH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

POB 6088
 JENSEN BEACH FL 34957
 US

Mailing Address

POB 6088
 JENSEN BEACH FL 34957
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-3501610

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAZI, LEIF ESO
 217 EAST OCEAN BLVD
 STUART FL 33494

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MOCKUS, FRANK	89 AQUA RA DR	JENSEN BEACH FL 34957	<input type="checkbox"/>
STD	BEAN, MARY Z	27 AQUA RA DR.	JENSEN BEACH FL 34957	<input type="checkbox"/>
VD	BRANN, ROBERT	107 AQUA RA DR	JENSEN BEACH FL 34957	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	<i>D</i>	<i>BEAN, MARY Z.</i>	<i>27 AQUA RA DRIVE</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>JENSEN BEACH, FL 34957</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>STD</i>	<i>DAVIS, NANCY</i>	<i>63 AQUA RA DRIVE</i>	<i>JENSEN BEACH, FL 34957</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>D</i>	<i>GAYDOS, CHERYL.</i>	<i>103 AQUA RA DRIVE</i>	<i>JENSEN BEACH, FL 34957</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *R. M. Brann VP*

3/11/08