


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90008 046 \*\*\*\*61.25

<b>DOCUMENT # 760038</b> 1. Entity Name <b>RIVERWEST CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>CONDOMINIUM 190 ESCAMBIA LANE COCOA BEACH FL 32931 US</b>	Mailing Address <b>190 ESCAMBIA LN COCOA BEACH FL 32931 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2767807</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SYLVAIN, STANLEY 190 ESCAMBIA LANG #504 COCOA BEACH FL 32931</b>	
7. Name and Address of New Registered Agent Name <b>Betty C. Gailey</b> Street Address (P.O. Box Number is Not Acceptable) <b>190 ESCAMBIA LANE #307</b> <b>COCOA BEACH, FL 32931</b> City <b>FL</b> 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 *Betty C. Gailey (Betty C. Gailey), Treasurer* DATE **3-15-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, STEVEN 190 ESCAMBIA LANE #203 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARD M. PLATO 190 Escambia Lane #401 Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINET, DAN 190 ESCAMBIA LANE #505 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Betty C. Gailey 190 Escambia Lane #307 Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYLE, EVELYN 190 ESCAMBIA LANE #301 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles V. Eckley 190 Escambia Lane #508 Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY, SYLVAIN 190 ESCAMBIA LANE #504 COCOA BEACH FL 32931 <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	VP JOHNSON, BILL 190 ESCAMBIA LANE #205 COCOA BEACH FL 32931 <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	S Edgar A. Bergmiller 190 Escambia Lane #202 Cocoa Beach, FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Betty C. Gailey* DATE **3-15-05** TELEPHONE **321-783-1231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR