2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2009
Secretary of State

DOCUMENT# 760038

Entity Name: RIVERWEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CONDOMINIUM
190 ESCAMBIA LANE
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

190 ESCAMBIA LN
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-2767807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAILEY, BETTY C
190 ESCAMBIA LANG #307
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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: BETTY GAILEY
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOPPER, JEFFREY A
Address: 190 ESCAMBIA LANE #302
City-St-Zip: COCOA BEACH, FL 32931

Title: DP ( ) Delete
Name: GAILEY, BETTY C
Address: 190 ESCAMBIA LN #307
City-St-Zip: COCOA BEACH, FL 32931

Title: DV ( ) Delete
Name: AVILES, EDWIN J
Address: 190 ESCAMBIA LANE #304
City-St-Zip: COCOA BEACH, FL 32931

Title: DT ( ) Delete
Name: HUESTON, NORMAN T
Address: 190 ESCAMBIA LANE #507
City-St-Zip: COCOA BEACH, FL 32931

Title: VP ( ) Delete
Name: JOHNSON, BILL
Address: 190 ESCAMBIA LANE #205
City-St-Zip: COCOA BEACH, FL 32931

Title: S ( ) Delete
Name: BERGMILLER, EDGAR A
Address: 190 ESCAMBIA LN # 202
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BETTY GAILEY PRES 10/20/2009
Electronic Signature of Signing Officer or Director — Date