2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760883

FILED Jun 14, 2007 Secretary of State

Entity Name: 415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, INC.

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

JAKAB MANAGEMENT 415 NW N RIVER DRIVE 666 NE DIXIE HWY STUART, FL 34994

JENSEN BEACH, FL 34957

Current Mailing Address: New Mailing Address:

JAKAB MANAGEMENT
PO BOX 111

415 N RIVER DR CONDO ASSOC
PO BOX 1577

JANSEN BCH, FL 34958 STUART, FL 34995

FEI Number: 65-0159078 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: Name and Address of New Registered Agent:

JAKAB, JOSEPH J BODEM, LOREN E
666 NE DIXIE HWY 947 SE CENTRAL PARKWAY
JENSEN BEACH, FL 34957 US STUART, FL 34994 US

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: LOREN E BODEM 06/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: SD (X) Change () Addition

 Name:
 ELBERT, JOHN
 Name:
 ELBERT, JOAYNE H

 Address:
 415 N RIVER DR, # 403
 Address:
 415 N RIVER DR, # 403

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:
 STUART, FL 34994

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

 Name:
 MCMULLEN, ROSEMARY
 Name:
 MCMULLEN, ROSEMARY

 Name:
 Michioelen, Rosewart
 Name:
 Michioelen, Rosewart

 Address:
 415 N RIVER DR, # 203
 Address:
 415 N RIVER DR, # 203

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:
 STUART, FL 34994

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

 Name:
 Name:
 SUPERSANO, RUSSELL

 Address:
 Address:
 415 NW N RIVER DR #402

 City-St-Zip:
 City-St-Zip:
 STUART, FL 34994

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: JOAYNE H ELBERT SD 06/14/2007