


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90100 010 ****61.25

DOCUMENT # 767084 1. Entity Name RIVER EDGE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 421 E. OSCEOLA ST. STUART, FL 34994	Mailing Address 421 E. OSCEOLA ST. STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 63-0035568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIACHINO, JUAN C. 421 E OSCEOLA ST. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARDNER, ALBERT E. 421 E OSCEOLA ST. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRACINO, SUSANA GIACHINO 421 E. OSCEOLA STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: SUSANA GIACHINO 4/10/08 772-283-8160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #