

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767084

FILED
Feb 03, 2011
Secretary of State

Entity Name: RIVER EDGE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

421 E. OSCEOLA ST.
SUITE A
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

421 E. OSCEOLA ST.
SUITE A
STUART, FL 34994

New Mailing Address:

FEI Number: 63-0035568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIACHINO, FERNANDO M
17 MARTIN LUTHER KING JR. BLVD.
SUITE 200
STUART, FL 34994 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GIACHINO, JUAN C SR.
Address: 421 E OSCEOLA ST., SUITE A
City-St-Zip: STUART, FL 34994

Title: VPD
Name: GIACHINO, JUAN C JR.
Address: 51 SE RIVER LIGHTS COURT
City-St-Zip: STUART, FL 34996

Title: STD
Name: GIACHINO, SUSANA
Address: 421 E. OSCEOLA ST., SUITE A
City-St-Zip: STUART, FL 34994

Title: SD
Name: GIACHINO, FERNANDO M
Address: 11 RIO VISTA DR.
City-St-Zip: STUART, FL 34996

I hereby 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 all other like empowered.

SIGNATURE: FERNANDO M. GIACHINO

SD

02/03/2011

Electronic Signature of Signing Officer or Director

Date