## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 767147**

FILED Mar 29, 2007 Secretary of State

Entity Name: THE RIVER'S I CONDOMINIUM ASSOCIATION, INC.

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

2180 WEST STATE ROAD 434 **SUITE 5000** LONGWOOD, FL 327795044 US

**New Mailing Address: Current Mailing Address:** 

2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 327795044 US

FEI Number: 65-0189231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR 2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 327795044 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition TRUMPP, WALTER HOERNER, MARIE Name: Name: 4013 SW 20TH PL #402 Address: 4013 20TH PL SE #204 Address:

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: (X) Change ( ) Addition

RUEGNER, PATRICIA Name: RUEGNER, PATRICIA Name: Address: 4013 S.E. 20TH PLACE Address: 4013 SE 20TH PLACE #304 City-St-Zip: CAPEL CORAL, FL 33904 City-St-Zip: CAPEL CORAL, FL 33904

Title: () Delete Title: () Change () Addition

PINTER, LARRY Name: Name: Address: 4013 SE 20TH PLACE, #203 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

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

Name: BERKAU, RUSSELL Name: Address: 4013 S.E. 20TH PLACE, #302 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

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

DRISCOLL, BARBARA LINEHAN, FLORENCE Name: Name: 4013 SE 20TH PL #504 4013 20TH PL SE #305 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE HOERNER PD 03/29/2007