2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90186 036 ***150.00

DOCUMENT # K71357 1. Entity Name RIVERLAWN TERRACE PARK, INC.						. 01					
Principal Place of Business Mailing Address					land 1	60465					
2012 S OLGA	A DR	80 PONDELLA RD SUITE E		40.0	•						
#23 N FORT MYERS, FL 3390 FORT MYERS, FL 33905			903 US								
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032007	Chg-P	CR2E034 (12/06)					
City & State	City & State City & Sta		tate		4. FEI Numbe		}	pplied For ot Applicable			
Zip	Country	Zip	Country		65-0092387 5. Certificate of Status Desired		□ \$8.75 Ad	\$8.75 Additional			
	6. Name and Address of Current	Registered Agent				Address of New Re	Fee Require	ed be			
	v. Name and Address of Carrent	Megistered Agent	Na	ime			<u> </u>	<u>n</u> .			
	DRE, TERESA L	IATES	Str	TERE	(BO Box Numbe	BEARD I is Not Acceptable	MORE, CI	rt			
	IDMORE, FOSTER & ASSOCI ELLA RD STE E		60	Beard	r is Not Acceptable	ASSOCIATION ASSOCIATION	Tes .				
NORTH FO	ORT MYERS, FL 33903		80		Pondel	la Rd	<u> 36 E</u>				
			Cit	かって	+ m	ryers	FL 3939	03			
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. Ham familiar with, and accept the obligations of registered agent.											
signature Leese L Black—EA Teresa LBearonore EA 4-5-07											
SIGNATURE Signature, typed or printed name of registered agent and utile it applicantee (NOTE Registered Agent digrature required when reinstating) DATE											
	Signature, typed or printed name of registered agent	and title it applicable (NOTE	Registered Agent	it signature require							
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig	gn Financing	\$5							
After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaid Trust Fund Contr	gn Financing ibution.	\$5	5.00 May Be ded to Fees		DATE CERS AND DIRECTOR	~~			
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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 607, 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:		n Roberto	Morton	04 10 200	7 2396935723
SIGNA	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone k