2006 NOT-FOR-PROFIT CORPORATION

Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N00000003466 1. Entity Name 04-24-2006 90413 034 ****61.25 HOMEOWNERS ASSOCIATION OF RIVER GROVE ON THE TRAIL, INC. Principal Place of Business Mailing Address 2825 BUSINESS CENTER BLVD WICKHAM BUSINESS PARK SUITE A-1-R MELBOURNE FL 32940 P.O. BOX 1778 MERRITT ISLAND FL 32954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3678582 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARBER, TIM Street Address (P.O. Box Number is Not Acceptable) 2460 N. COURTENAY PARKWAY SUITE 207 **MERRITT ISLAND FL 32953** City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typical or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature renoined when reinstation) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP Delete TITLE TITLE Ryan John CAY DR 941 SPANISH CAY DR MERKITT ISLAND ☐ Change HARBER, TIM NAME NAME 2692 LITTLE BEND PLACE STREET ADDRESS STREET ADDRESS 15CAND FC 32952 MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-7IP X Change TITLE ☐ Delete ■ Addition TITLE RAHN, RICH NAME NAME 901 SPANISH CAY DRIVE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZIP TITLE DT ☐ Delete TITLE Change Addition NAME KASICA, SUSAN STREET ADDRESS 2676 ROCKY POINT WAY STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZIP DS TITLE ☐ Defete TITLE ☐ Change Addition PRESCOTT, MARIE NAME NAME STREET ADDRESS 2579 LONG SANDY CIRCLE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURI

STREET ADDRESS

CITY-ST-ZIP

ACHIARD T. RAHN 4/14/06 321-449-9659
DESIGNING OFFICER OR DIRECTOR
DESIGNING OFFICER OR DIRECTOR

FILED