2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 06, 2006
Secretary of State

DOCUMENT# N00000006363

Entity Name: RIVER TOWN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

224 ST JOHNS GOLF DRIVE
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

2930 SR 13 NORTH
JACKSONVILLE, FL 32259

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 500 - ATTN LEGAL DEPT.
JACKSONVILLE, FL 32202

New Mailing Address:

2930 SR 13 NORTH
JACKSONVILLE, FL 32259

FEI Number: 59-3674263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

SYLVESTER, JAMES L
2930 SR 13 NORTH
JACKSONVILLE, FL 32259 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: JAMES L. SYLVESTER 11/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CASSALA, NICK
Address: 224 ST JOHNS GOLF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: DV ( ) Delete
Name: MAIER, DOUG
Address: 224 ST JOHNS GOLF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: DST ( ) Delete
Name: BOCK, ROSE S
Address: 224 ST JOHNS GOLF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SYLVESTER, JAMES L
Address: 2930 SR 13 NORTH
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP/T (X) Change ( ) Addition
Name: BARACZ, RICHARD
Address: 3160 SR 13 NORTH
City-St-Zip: JACKSONVILLE, FL 32259

Title: SEC. (X) Change ( ) Addition
Name: SADOWSKI, TERRY M
Address: 2900 SR 13 NORTH
City-St-Zip: JACKSONVILLE, FL 32259

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: JAMES L. SYLVESTER PRES 11/06/2006
Electronic Signature of Signing Officer or Director Date