2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N00001

Entity Name: RIVERS EDGE AT OAKWOOD CONDOMINIUM, INC.

Current Principal Place of Business:

4800 N STATE RD 7
SUITE 105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4800 N STATE RD 7
SUITE 105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 59-2374136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES INC
4800 N STATE RD 7
SUITE 105
LAUDERDALE LAKES, FL 33319 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 ( ) Delete
Name: FLAXMAN, CAROL
Address: 9551 S.W. 1ST COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V ( ) Delete
Name: WOLPERT, RICHARD
Address: 9519 SW 1ST CT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: HERNANDEZ, CELESTE
Address: 9571 SW 1ST COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD ( ) Delete
Name: CAFAGNO, JOHN
Address: 9577 SW 1ST CT.
City-St-Zip: POMPANO BEACH, FL 33071

Title: SD ( ) Delete
Name: TAYLOR, CYNTHIA
Address: 9581 SW 1ST CT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CAROL FLAXMAN PD 02/13/2009

Electronic Signature of Signing Officer or Director — Date