

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90091 018 ****61.25

DOCUMENT # N01000003176

1. Entity Name
RIVERWALK AT SANDS CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
225 RIVERWALK
FORT PIERCE, FL 34949

Mailing Address
VISTA PROPERTIES MGMT
100 VISTA ROYAL BLVD
VERO BEACH, FL 32962



2. Principal Place of Business - No P.O. Box, #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1110199

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENZ, NICOLE
%KOSSWAY, MOORE & TAYLOR
5070 NORTH AIA
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MARCELLO, PAT
219 RIVERWALK
FORT PIERCE, FL 34949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
LIPSCOMB, ERNESR
205 RIVERWALK
FORT PIERCE, FL 34949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SPINOSI, DARREL
204 RIVERWALK
FORT PIERCE, FL 34949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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.

SIGNATURE: *Ernest Lipscomb* EARNEST LIPSCOMB 4/18/08 772-461-6012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #