

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005555

FILED
Feb 05, 2008
Secretary of State

Entity Name: RIVER'S EDGE AT HARBOUR VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 59-3740357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMAN, KARLA
4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127 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: S/D () Delete
Name: RENUART, BOB
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: VPD (X) Delete
Name: FIX, HERB
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: T/D () Delete
Name: HAKEMIAN, JOHN
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: P/D () Delete
Name: GALBRAITH, DEBRA
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: TEASLEY, DON
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change () Addition
Name: ROBINSON, MATT
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

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: VP/D (X) Change () Addition
Name: TEASLEY, DON
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

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: DEBRA GALBRAITH

P/D

02/05/2008

Electronic Signature of Signing Officer or Director

Date