

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01696

FILED
Mar 24, 2005
Secretary of State

Entity Name: RIVERS EDGE 2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BENSON'S INC.
12650 WHITEHALL DR.
FORT MYERS, FL 339073619 US

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S INC.
12650 WHITEHALL DR.
FORT MYERS, FL 339073619 US

New Mailing Address:

FEI Number: 59-2568842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, MARK R
C/O BENSON'S, INC.
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: TD () Delete
Name: GOEN, JENNIFER
Address: 1762 BEECHWOOD CR, N
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD () Delete
Name: LEAHY, JOHN
Address: 14680 OLDE MILLPOND CT
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: HENRY, GEORGE E
Address: 14700 OLDE MILLPOND CT
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: TIMBERLAKE, OTIS E JR
Address: 14726 OLDE MILLPOND CT
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: DALTON, T. MICHAEL
Address: 14662 OLDE MILLPOND CT
City-St-Zip: FORT MYERS, FL 33908

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN LEAHY

PRES

03/24/2005

Electronic Signature of Signing Officer or Director

Date