2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90052 003 ****61.25

DOCUMENT # N01696

1. Entity Name
RIVERS EDGE 2 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BENSON'S INC. 12650 WHITEHALL DR. FORT MYERS, FL 33907-3619 US	C/O BENSON'S INC. 12650 WHITEHALL DR. FORT MYERS, FL 33907-3619 US

02272007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2568842 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENSON, MARK R
C/O BENSON'S, INC.
12650 WHITEHALL DR
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name VANDALL, BONITA D

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

12650 WHITEHALL DR

City FORT MYERS **FL** Zip Code 33907

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 B. D. V. BONITA D. VANDALL 4-3-07
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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOEN, JENNIFER 1762 BEECHWOOD CR, N TALLAHASSEE, FL 32301	☐ Delete	SD GOEN, JENNIFER 6049 PERTHSHIRE LN FORT MYERS, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEAHY, JOHN 14680 OLDE MILLPOND CT FORT MYERS, FL 33908	☒ Delete	PD PITTARD, GLENN 14706 OLDE MILLPOND CT FORT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HENRY, GEORGE E 14700 OLDE MILLPOND CT FORT MYERS, FL 33908	☒ Delete	D CARLSON, CANDACE 14694 OLDE MILLPOND CT FORT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TIMBERLAKE, OTIS E JR 14726 OLDE MILLPOND CT FORT MYERS, FL 33908	☐ Delete	TD TIMBERLAKE, OTIS E JR 14726 OLDE MILLPOND CT FORT MYERS, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALTON, T. MICHAEL 14662 OLDE MILLPOND CT FORT MYERS, FL 33908	☐ Delete	VD DALTON, T. MICHAEL 14662 OLDE MILLPOND FORT MYERS, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Glenn Pittard 4/5/07 239-481-7362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #