


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90368 044 ****61.25

DOCUMENT # N01947 1. Entity Name RIOMAR BAY, UNIT TWO, PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 835 20TH PLACE VERO BEACH, FL 32960			Mailing Address C/O ELLIOTT MERRILL MGMT 835 20TH PLACE VERO BEACH, FL- 32960		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERRILL, KAREN 835 20TH PLACE VERO BEACH, FL 32960				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MOREIN, MARK <input type="checkbox"/> Delete 657 LAKE DRIVE VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MacWilliam, Alex <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2901 Ocean Drive Vero Beach FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LASELL, CHESTER <input type="checkbox"/> Delete 765 LAKE DR. VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Mannion, Langdon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 730 Egret Point Vero Beach, FL 32963	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLY, CHAD <input type="checkbox"/> Delete 760 LAKE DR VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARR, JOHN <input type="checkbox"/> Delete 601 LAKE DRIVE VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, MARION <input type="checkbox"/> Delete 637 LAKE DR. VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>M. Morein</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/13/06</u> <small>Date</small>		
<small>Daytime Phone #</small>					