



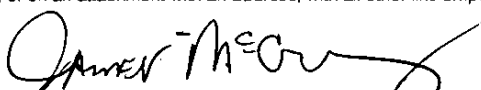
# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90004 034 \*\*\*\*70.00

<b>DOCUMENT # N02000001403</b>					
1. Entity Name <b>RIVER'S EDGE PROPERTY OWNER'S ASSOCIATION OF CHARLOTTE COUNTY, INC.</b>					
Principal Place of Business <b>1881 CITRON ST PORT CHARLOTTE, FL 33980</b>			Mailing Address <b>1881 CITRON ST PORT CHARLOTTE, FL 33980</b>		
2. Principal Place of Business <b>1350 N. Portofino Dr</b>		3. Mailing Address <b>1350 N. Portofino Dr</b>			
Suite, Apt. #, etc. <b>403</b>		Suite, Apt. #, etc. <b>403</b>			
City & State <b>Sarasota, Florida</b>		City & State <b>Sarasota, Florida</b>			
Zip <b>34242</b>	Country <b>USA</b>	Zip <b>34242</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>FEHR, JEFFREY 1881 CITRON ST PORT CHARLOTTE, FL 33980</b>			7. Name and Address of New Registered Agent Name <b>JAMES M. McCREARY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1350 N. Portofino Dr</b> <b># 403</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34242</b>		
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>JAMES M. McCREARY</b>				3-20-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FEHR, JEFFREY 1881 CITRON ST PORT CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NICOLSI, JOSEPHINE 13081 ELEANOR AVE PORT CHARLOTTE, FL 33953</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCREARY, JAMES 1350 N. PORTOFINO DRIVE, APT. 403 SARASOTA, FL 34242</b>	<input type="checkbox"/> Delete	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	
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	
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.



3-20-06

941-346-8234