

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90083 043 ****61.25

DOCUMENT # N02000006140 1. Entity Name RIVER VILLAGE TOWER IV AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.													
Principal Place of Business 4340 U.S. HIGHWAY #1 VERO BCH, FL 32967		Mailing Address 3755 7TH TERR SUITE 304 VERO BEACH, FL 32967											
2. Principal Place of Business 4380 U. S. HIGHWAY #1 VERO BEACH FL 32967		3. Mailing Address 4380 U. S. HIGHWAY #1 VERO BEACH FL 32967											
4. FEI Number 52-2372429		Applied For <input type="checkbox"/> Not Applicable											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent RULE, LISA A 4340 U.S. HIGHWAY #1 VERO BCH, FL 32967		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Name</td><td style="width:50%;"></td></tr> <tr><td>Street Address</td><td>CLIFFORD S. SPEECHLY, JR. 4380 U. S. HIGHWAY #1 VERO BEACH FL 32967</td></tr> <tr><td>City</td><td></td></tr> <tr><td>State</td><td></td></tr> <tr><td>Zip</td><td></td></tr> </table>		Name		Street Address	CLIFFORD S. SPEECHLY, JR. 4380 U. S. HIGHWAY #1 VERO BEACH FL 32967	City		State		Zip	
Name													
Street Address	CLIFFORD S. SPEECHLY, JR. 4380 U. S. HIGHWAY #1 VERO BEACH FL 32967												
City													
State													
Zip													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, and accepting the obligations of registered agent.													
SIGNATURE <u><i>Clifford S. Speechly, Jr.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent)</small>		Clifford S. Speechly, Jr. <u>4/12/05</u> <small>DATE</small>											
Filing Fee is \$61.25 Due by May 1, 2005		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	DP NORTH, ANNABEL V 4340 U.S. HIGHWAY #1 VERO BCH, FL 32967 <input type="checkbox"/> Delete	TITLE	SEE ATTACHED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME		NAME											
STREET ADDRESS		STREET ADDRESS											
CITY-STATE-ZIP		CITY-STATE-ZIP											
TITLE	DVT IANNOTTI, PATRICIA 4340 U.S. HIGHWAY #1 VERO BCH, FL 32967 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME		NAME											
STREET ADDRESS		STREET ADDRESS											
CITY-STATE-ZIP		CITY-STATE-ZIP											
TITLE	DS ZOLLENBERG, JEROME 4340 U.S. HIGHWAY #1 VERO BCH, FL 32967 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME		NAME											
STREET ADDRESS		STREET ADDRESS											
CITY-STATE-ZIP		CITY-STATE-ZIP											
TITLE	M RULE, LISA A 4340 U.S. HIGHWAY #1 VERO BCH, FL 32967 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME		NAME											
STREET ADDRESS		STREET ADDRESS											
CITY-STATE-ZIP		CITY-STATE-ZIP											
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME		NAME											
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CITY-STATE-ZIP		CITY-STATE-ZIP											
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME		NAME											
STREET ADDRESS		STREET ADDRESS											
CITY-STATE-ZIP		CITY-STATE-ZIP											
12. I hereby certify that the information supplied with this filing does not qualify 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 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 emp...													
SIGNATURE: <u><i>Clifford S. Speechly, Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING</small>		Clifford S. Speechly, Jr. <u>4/12/05</u> <u>772-564-7440</u> <small>Date Daytime Phone #</small>											

ATTACHMENT

40058013

RIVER VILLAGE TOWER IV AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.

DOCUMENT # N02000006140

FEI# 52-2372429

Title DP
Name BRUK, DOUGLAS
Street Address 4380 US. HIGHWAY #1
City-ST-Zip VERO BEACH, FL 32967

Title DV
Name NORTH, ANNABEL
Street Address 4380 US. HIGHWAY #1
City-ST-Zip VERO BEACH, FL 32967

Title DST
Name ZOLLENBERG, JEROME
Street Address 4380 US. HIGHWAY #1
City-ST-Zip VERO BEACH, FL 32967

Title M
Name SPEECHLY, CLIFFORD S. JR.
Street Address 4380 US. HIGHWAY #1
City-ST-Zip VERO BEACH, FL 32967