


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90057 021 ****61.25

DOCUMENT # N02000006140					
1. Entity Name RIVER VILLAGE TOWER IV AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4380 U.S. HIGHWAY #1 VERO BCH, FL 32967			Mailing Address 4380 U.S. HIGHWAY #1 VERO BCH, FL 32967		
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	03292007 Chg-NP CR2E037 (12/06)	
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			7. Name and Address of New Registered Agent		
SPEECHLY, JR., CLIFFORD S. 4380 U.S. HIGHWAY #1 VERO BCH, FL 32967			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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, 2007		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 DV NAME REESE, ALAN STREET ADDRESS 4380 US HWY 1 CITY- ST- ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE DV NAME MURPHY, JOHN STREET ADDRESS 4380 U.S. HWY #1 CITY- ST- ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME NORTH, ANNABEL STREET ADDRESS 4380 US HIGHWAY #1 CITY- ST- ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE DST NAME FRIEDMAN, EDWARD STREET ADDRESS 4380 U.S. HWY #1 CITY- ST- ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DST NAME ZOLLENBERG, JEROME STREET ADDRESS 4380 US HIGHWAY #1 CITY- ST- ZIP VERO BCH, FL 32967	<input type="checkbox"/> Delete		TITLE DP NAME ZOLLENBERG, JEROME STREET ADDRESS 4380 U.S. Highway #1 CITY- ST- ZIP VERO BEACH FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE M NAME SPEECHLY, JR., CLIFFORD S. STREET ADDRESS 4380 US HIGHWAY #1 CITY- ST- ZIP VERO BEACH, FL 32967	<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.					
SIGNATURE: _____ CLIFFORD S. SPEECHLY JR. 4/4/07 772-564-7440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					