


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90031 035 ****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
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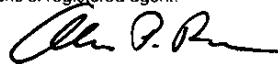
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
SPEECHLY, JR., CLIFFORD S. 4380 U.S. HIGHWAY #1 VERO BCH, FL 32967	

7. Name and Address of New Registered Agent	
Name A.R. CHOICE MANAGEMENT	
Street Address (P.O. Box Number is Not Acceptable) 333 17th STREET, SUITE 2L	
City VERO BEACH,	FL Zip Code 32960

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.

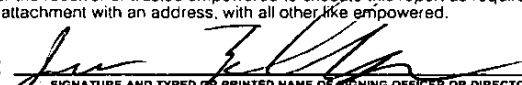
SIGNATURE  **Alan P. Romano** DATE **3-26-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JOHN	NAME	
STREET ADDRESS	4380 U.S. HWY #1	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32967	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, EDWARD	NAME	
STREET ADDRESS	4380 U.S. HWY #1	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32967	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLLENBERG, JEROME	NAME	
STREET ADDRESS	4380 US HIGHWAY # 1	STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 32967	CITY-ST-ZIP	
TITLE	M <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEECHLY, JR, CLIFFORD S.	NAME	
STREET ADDRESS	4380 US HIGHWAY # 1	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32967	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **3-26-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR