

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006764

FILED
Feb 08, 2009
Secretary of State

Entity Name: RIVER GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

RIVER GARDENS
806 KING NEPTUNE LN
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

RIVER GARDENS
806 KING NEPTUNE LN
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 56-2298980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, DON
308 KING NEPTUNE LANE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THOMAS, DON
Address: 308 KING NEPTUNE LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DS () Delete
Name: DE LA CRUZ, KATHI
Address: 302 KING NEPTUNE LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DT () Delete
Name: KATZ, PAULETTE
Address: 4 AMYS PATH
City-St-Zip: EAST QUOGUE, NY 11942

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SON THOMAS

DP

02/08/2009

Electronic Signature of Signing Officer or Director

Date