

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90129 037 \*\*\*\*61.25

<b>DOCUMENT # N02000007691</b> 1. Entity Name RIVERCHASE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.																																																																																		
Principal Place of Business 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109			Mailing Address 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109																																																																															
2. Principal Place of Business 1250 Tamiami Trl, N		3. Mailing Address P.O. Box 8537																																																																																
Suite, Apt. #, etc. #304		Suite, Apt. #, etc.																																																																																
City & State Naples, Florida		City & State Naples, Floirda		4. FEI Number 59-3768001																																																																														
Zip 23102		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																														
6. Name and Address of Current Registered Agent  AMERICAN PROPERTY MGT 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Commercial Management of Naples, Inc. Street Address (P.O. Box Number is Not Acceptable) 1250 Tamiami Trail North #304 City Naples FL Zip Code 34102																																																																															
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 20%; text-align: center;">           3/15/06  <small>DATE</small> </div> </div>																																																																																		
<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>																																																																																		
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>OD</td> <td>ELTHAUT, RAINER N</td> <td>4901 TAMIAAMI TRAIL N NAPLES, FL 34103</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>OD</td> <td>HORSTENKAMP, WINFRIED</td> <td>4901 TAMIAAMI TRAIL N NAPLES, FL 34103</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>T</td> <td>TURNER, CHERYL</td> <td>4901 TAMIAAMI TRAIL NW NAPLES, FL 34103</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>PRESIDENT</td> <td>DONALD BARBUR</td> <td>3606 ENTERPRISE AVE. NAPLES, FL 34104</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>VICE-PRESIDENT</td> <td>KEN ENGLER</td> <td>1019 CROSSPOINTE DRIVE NAPLES, FL 34110</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>TREASURER</td> <td>CAROL PATER</td> <td>1020 CROSSPOINTE DRIVE NAPLES, FL 34110</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>SECRETARY</td> <td>DEAN PREVULOS</td> <td>PO BOX 8537 NAPLES, FL 34101</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		OD	ELTHAUT, RAINER N	4901 TAMIAAMI TRAIL N NAPLES, FL 34103	<input type="checkbox"/>		OD	HORSTENKAMP, WINFRIED	4901 TAMIAAMI TRAIL N NAPLES, FL 34103	<input checked="" type="checkbox"/>		T	TURNER, CHERYL	4901 TAMIAAMI TRAIL NW NAPLES, FL 34103	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		PRESIDENT	DONALD BARBUR	3606 ENTERPRISE AVE. NAPLES, FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/>		VICE-PRESIDENT	KEN ENGLER	1019 CROSSPOINTE DRIVE NAPLES, FL 34110	<input type="checkbox"/>	<input checked="" type="checkbox"/>		TREASURER	CAROL PATER	1020 CROSSPOINTE DRIVE NAPLES, FL 34110	<input type="checkbox"/>	<input checked="" type="checkbox"/>		SECRETARY	DEAN PREVULOS	PO BOX 8537 NAPLES, FL 34101	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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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.																																																																																		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE:   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;">           DEAN PREVULOS  <small>Daytime Phone #</small> </div> <div style="width: 20%; text-align: center;">           3/15/06  <small>DATE</small> </div> <div style="width: 20%; text-align: center;">           239-435-9787  <small>DAYTIME PHONE #</small> </div> </div>																																																																																		