




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90160 026 ****61.25

DOCUMENT # N02000007813					
1. Entity Name RIVER VILLAGE TOWER III AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4380 US HIGHWAY # 1 VERO BEACH, FL 32967		Mailing Address 4380 US HIGHWAY # 1 VERO BEACH, FL 32967			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3878262	
				Applied For 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, CLIFFORD S JR 4380 US HIGHWAY # 1 VERO BEACH, FL 32967			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 		CLIFFORD S. SPEECHLY JR, MGR		4/22/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUK, DOUGLAS		NAME	REESE, ALAN	
STREET ADDRESS	4380 US HIGHWAY, # 1		STREET ADDRESS	4380 U.S. Hwy # 1	
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, ANNABEL		NAME	NORTH, ANNABEL	
STREET ADDRESS	4380 US HIGHWAY, # 1		STREET ADDRESS	4380 U.S. Hwy # 1	
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYER, BENNETT		NAME		
STREET ADDRESS	4380 US HIGHWAY, # 1		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEECHLY, CLIFFORD S JR		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: 		CLIFFORD S. SPEECHLY JR		4/22/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	