



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-09-2007 90092 045 ****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 | | <p>40059550</p>  | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 03292007 Chg-NP CR2E037 (12/06) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 22-3878262 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| 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 | <input checked="" type="checkbox"/> Delete | TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REESE, AKAN | | NAME | SIATER, CARI | |
| 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 | DP | <input checked="" type="checkbox"/> Delete | TITLE | DST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NORTH, ANNABEL | | NAME | ESTES, JAMES | |
| 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 | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAYER, BENNETT | | NAME | BAYER, BENNETT | |
| 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 | 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 | | Date: 4/14/07 Daytime Phone #: 772-564-7440 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |