

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		
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	03292007 Chg-NP CR2E037 (12/06)	
4. FEI Number 22-3878262				Applied For <input type="checkbox"/> 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 _____ (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE DV NAME REESE, AKAN STREET ADDRESS 4380 US HIGHWAY, # 1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete				
TITLE DP NAME NORTH, ANNABEL STREET ADDRESS 4380 US HIGHWAY, # 1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete				
TITLE DST NAME BAYER, BENNETT STREET ADDRESS 4380 US HIGHWAY, # 1 CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Delete				
TITLE M NAME SPEECHLY, CLIFFORD S JR STREET ADDRESS 4380 US HIGHWAY, # 1 CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE DV NAME SIATER, CARL STREET ADDRESS 4380 U.S. Hwy #1 CITY-ST-ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE DST NAME ESTES, JAMES STREET ADDRESS 4380 U.S. Hwy #1 CITY-ST-ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE DP NAME BAYER, BENNETT STREET ADDRESS 4380 U.S. Hwy #1 CITY-ST-ZIP VERO BEACH FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

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: 4/4/07 Daytime Phone #: 772-564-7440