


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000007813 1. Entity Name RIVER VILLAGE TOWER III AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.	
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FILED

07 JUL 20 PM 4:10

CLERK OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4380 US HIGHWAY # 1 VERO BEACH, FL 32967	Mailing Address 4380 US HIGHWAY # 1 VERO BEACH, FL 32967
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2. Principal Place of Business - No P.O. Box # 333 17th street	3. Mailing Address 333 17th street
Suite, Apt. #, etc. Suite 2L	Suite, Apt. #, etc. Suite 2L

07112007 Chg-NP CR2E037 (12/06)

City & State vero beach, FL	City & State vero beach, FL
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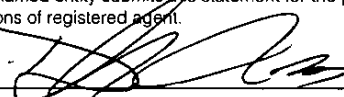
4. FEI Number 22-3878262	Applied For <input type="checkbox"/> Not Applicable
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Zip 32960	Country USA	Zip 32960	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPEECHLY, CLIFFORD S JR 4380 US HIGHWAY # 1 VERO BEACH, FL 32967	7. Name and Address of New Registered Agent Name Ross, Earle & Bonan, P.A. Street Address (P.O. Box Number is Not Acceptable) 759 Se Federal Highway Suite 212 City Stuart FL Zip Code 34994
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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:  DATE: **7/17/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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 NAME STREET ADDRESS CITY-ST-ZIP	DV SLATER, CARL 4380 US HIGHWAY, # 1 VERO BEACH, FL 32967	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17th street, suite 2L vero beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ESTES, JAMES 4380 US HIGHWAY, # 1 VERO BEACH, FL 32967	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17th street, suite 2L vero beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAYER, BENNETT 4380 US HIGHWAY, # 1 VERO BEACH, FL 32967	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17th street, suite 2L vero beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SPEECHLY, CLIFFORD S JR 4380 US HIGHWAY, # 1 VERO BEACH, FL 32967	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M Romano, Alan 333 17th street, suite 2L vero beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800106992728 07/31/07--01045--010 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  DATE: **7.11.07** (772) 567-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #