


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90063 037 \*\*\*\*61.25

<b>DOCUMENT # N02000007813</b>		
1. Entity Name RIVER VILLAGE TOWER III AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 333 17TH STREET SUITE 2L VERO BEACH, FL 32960 US	Mailing Address 333 17TH STREET SUITE 2L VERO BEACH, FL 32960 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

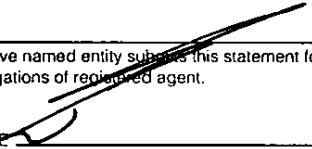


01112008 Chg-NP CR2E037 (12/06)

4. FEI Number 22-3878262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSS, EARLE & BONAN, P.A. 759 SE FEDERAL HIGHWAY SUITE 212 STUART, FL 34994		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  DATE \_\_\_\_\_

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATER, CARL			NAME			
STREET ADDRESS	333 17TH STREET, SUITE 2L			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32960			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESTES, JAMES			NAME			
STREET ADDRESS	333 17TH STREET, SUITE 2L			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32960			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAYER, BENNETT			NAME			
STREET ADDRESS	333 17TH STREET, SUITE 2L			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32960			CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMANO, ALAN			NAME			
STREET ADDRESS	333 17TH STREET, SUITE 2L			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32960			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 reports 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 recipient is duly 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 another like empowered.

SIGNATURE:  DATE: 02-28-2008 DAYTIME PHONE #: 772-552-0515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR