


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008181 1. Entity Name THE RIVER WILDERNESS CLUB, INC.			
Principal Place of Business 1818 AUSTRALIAN AVE S SUITE 400 WEST PALM BEACH, FL 33409		Mailing Address 1818 AUSTRALIAN AVE S SUITE 400 WEST PALM BEACH, FL 33409	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent KRIVOK, JAMES N C/O DICKER, KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVE S SUITE 400 WEST PALM BEACH, FL 33409		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000191358 01/24/05-80170-018 61.25	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	JORDAN, BEN		
STREET ADDRESS	2012 ISLAND ESTATES DRIVE		
CITY-ST-ZIP	PARRISH, FL 34219		
TITLE	VD		
NAME	SMITH, CHARLES		
STREET ADDRESS	2382 LITTLE COUNTRY RD		
CITY-ST-ZIP	PARRISH, FL 34219		
TITLE	TD		
NAME	GENTILE, JIM		
STREET ADDRESS	2903 OLD ORCHARD LANE		
CITY-ST-ZIP	PARRISH, FL 34219		
TITLE	SD		
NAME	ARNDT, KEITH		
STREET ADDRESS	2354 LITTLE COUNTRY RD		
CITY-ST-ZIP	PARRISH, FL 34219		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Ben Jordan</u> Ben Jordan		1/14/05 941-776 909	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	