


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90018 041 ****61.25

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
---	---

2. Principal Place of Business 2250 WILDERNESS BLVDW	3. Mailing Address 2250 WILDERNESS BLVDW
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PARRISH FL	City & State PARRISH FL
Zip 34219	Country
Country	Zip 34219
Country	Country

40100000



07072006 Chg-NP CR2E037 (4/06)

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		7. Name and Address of New Registered Agent 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 September 6, 2006	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	PD JORDAN, BEN 2012 ISLAND ESTATES DRIVE PARRISH, FL 34219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOVAN, DON 3604 LITTLE COUNTRY RD PARRISH, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CHARLES 2382 LITTLE COUNTRY RD PARRISH, FL 34219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMITT, TOM 3502 LITTLE COUNTRY RD PARRISH, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENTILE, JIM 2903 OLD ORCHARD LANE PARRISH, FL 34219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERNUSZ, BILL 2326 LITTLE COUNTRY RD PARRISH, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNDT, KEITH 2354 LITTLE COUNTRY RD PARRISH, FL 34219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THACKER, JOHN 3522 LITTLE COUNTRY RD PARRISH, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #