2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008862

1. Entity Name

RIVER EDGE OWNERS ASSOCIATION, INC.



Principal Place of Business

2955 HÄRTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257 Mailing Address

2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257

FILED Feb 20, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01242006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 04-3769778

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

BROWN, CHARLES A JR 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257

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JACKSONVILLE, FL 32287		IN THIS SPACE	
 The above named entity submits this statem the obligations of registered agent. 	ent for the purpose of changing its registered	d office or registered agent, or bo	ith, in the State of Florida. I am famillar with, and accept
SIGNATURESignature, typed or printed name of registered	agent and title if apphoable [NOTE. Registered A	Agent signature required when retretating)	DATE
Filing Fee is \$61.25 Oue by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be	
10. OFFICERS ITILE DP NAME BROWN, CHARLES A JR STREET ADDRESS 2955 HARTLEY ROAD SUIT JACKSONVILLE, FL 32257 ITILE DVT NAME BROWN, CAROLYN D STREET ADDRESS 2955 HARTLEY ROAD SUIT CITY-ST-ZIP JACKSONVILLE, FL 32257			U00000440693 03/03/06-80003-022 81.25
TISSE DS NAME MATOVINA, GREGORY E STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 STILE NAME	E 108	_	NOT WRITE THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	·		

12. I hereby certify that the information supplied with this litting 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURO NO TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-06

Daytima Phone 4