


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90068 028 ****61.25

DOCUMENT # N02812

1. Entity Name
RIVER'S EDGE 4 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US

Mailing Address
8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US

60010897



2. Principal Place of Business
8961 CONFERENCE DR #2

3. Mailing Address
8961 CONFERENCE DR #2

01122006 Chg-NP CR2E037 (11/05)

City & State
FT MYERS, FL

City & State
FT MYERS, FL

Zip Country
33919 LEE

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33919 LEE

4. FEI Number
59-2568833

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEAGUE, GEORGE PROFESSIONALLY YOURS, INC. 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name
CHARLIE D. SHIPLEY

Street Address (P.O. Box Number is Not Acceptable)
8961 CONFERENCE DR #2

City
FT MYERS FL

Zip Code
33919

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 **CHARLIE D. SHIPLEY MGR** *[Signature]* **1/24/06**

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAVEY, PHYLLIS 14821 CROOKED POND CT FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDQUIST, RAYMOND 14837 CROOKED POND CT FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARUSO, LENA 14893 CRESCENT COVE FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPTON, WILLIAM 14835 CROOKED POND CT FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMATH, JIM 14871 CRESENT COVE FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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]* **MGR** **JAN 29 06** **540-8381**

Signature and typed or printed name of signing officer or director Date Daytime Phone #