


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90006 045 ****61.25

DOCUMENT # N02812
 1. Entity Name
RIVER'S EDGE 4 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 8961 CONFERENCE DR
 SUITE 2
 FORT MYERS, FL 33919 US

Mailing Address
 8961 CONFERENCE DR
 SUITE 2
 FORT MYERS, FL 33919 US

40066030



2. Principal Place of Business - No P.O. Box #
128 SW 54TH TERRACE

3. Mailing Address
128 SW 54TH TERRACE

Suite, Apt. #, etc.

02202007 Chg-NP CR2E037 (12/06)

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33914

Country

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
SHIPLEY, CHARLIE D
 8961 CONFERENCE DR
 SUITE 2
 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
 Name
SHIPLEY, CHARLIE D
 Street Address (P.O. Box Number is Not Acceptable)
128 SW 54TH TERRACE
 City
CAPE CORAL FL Zip Code
33914

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 **2/20/07**

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

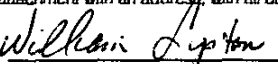
Filing Fee is **\$61.25** Due by **May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMATH, JIM 14871 CRESENT COVE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
		VD GILGER, DAVE 14873 CRESCENT COVE DR FORT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" 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:  **WILLIAM LIPTON** DATE **2/20/07** DAYTIME PHONE # **239-482-6949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR