


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 128 SW 54TH TERRACE CAPE CORAL, FL 33914 US	Mailing Address 128 SW 54TH TERRACE CAPE CORAL, FL 33914 US
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DO NOT WRITE IN THIS SPACE

01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2568833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIPLEY, CHARLIE D
 128 SW 54TH TERRACE
 4
 CAPE CORAL, FL 33914

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

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000787778
 01/18/08-80014-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAVEY, PHYLLIS 14821 CROOKED POND CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDQUIST, RAYMOND 14837 CROOKED POND CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARUSO, LENA 14893 CRESCENT COVE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPTON, WILLIAM 14835 CROOKED POND CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILGER, DAVE 14873 CRESCENT COVE DR FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* 1/14/08 239-482-6949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #