

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2007
Secretary of State**

DOCUMENT# N03000001443

Entity Name: RIVER PLACE TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MGT INC
3440 MARINATOWN LANCE #203
FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MTG INC
P. O. BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 20-0543660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MGT INC
3440 MARINATOWN LANE
203
FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: APPLETON, INGERBORG
Address: 3625 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: VD () Delete
Name: NOBLE, WILLIAM
Address: 3623 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: SD () Delete
Name: SINGER, NANCY
Address: 3661 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: TD () Delete
Name: CANNON, ERIC
Address: 3665 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: WERLEY, DENNIS
Address: 3649 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGERBORG APPLETON

PD

03/10/2007

Electronic Signature of Signing Officer or Director

_____ Date