

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001443

FILED
Mar 15, 2010
Secretary of State

Entity Name: RIVER PLACE TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
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 MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH 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
Name: APPLETON, INGEBORG
Address: 3625 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: VD
Name: AUSTIN, DAVID
Address: 3655 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: TD
Name: VAZQUEZ, DANIEL
Address: 1390 CARLING DRIVE #105
City-St-Zip: ST PAUL, MN 55108

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

I hereby 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 all other like empowered.

SIGNATURE: INGEBORG APPLETON

PD

03/15/2010

Electronic Signature of Signing Officer or Director

Date