2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N03000001956

Entity Name: ROYAL RIVER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4780 N. STATE ROAD 7 - E-250
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

4800 N. STATE RD. 7
105
FORT LAUDERDALE, FL 33319

Current Mailing Address:

4780 N. STATE ROAD 7 - E-250
FORT LAUDERDALE, FL 33319

New Mailing Address:

4800 N. STATE RD. 7
105
FORT LAUDERDALE, FL 33319

FEI Number: 01-0789971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES, INC
4800 N STATE RD 7 #105F
LAUDERDALE LAKES, FL 33319 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: TD ( ) Delete
Name: CHANG, HUGH
Address: 2901 RIVERSIDE DRIVE #306
City-St-Zip: POMPANO BEACH, FL 33065

Title: VPSD ( ) Delete
Name: ARBAZEZ, JUAN
Address: 2901 RIVERSIDE DR #305
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD ( ) Delete
Name: SCALIA, JOE
Address: 2901 RIVERSIDE DRIVE #204
City-St-Zip: POMPANO BEACH, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: TOM, STEVENS
Address: 2901 RIVERSIDE DR #104
City-St-Zip: CORAL SPRINGS, FL 33065

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

I hereby certify that the information supplied with this filing does not qualify 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: DR. JOSEPH SCALIA PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date