

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006653

FILED
Apr 11, 2009
Secretary of State

Entity Name: RIVER PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4007 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

4007 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 77-0627762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRWAY MANAGEMENT
1331 BEDFORD DRIVE #103
MELBOURNE, FL 32940 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: P () Delete
Name: CHURCHWARD, VICTOR
Address: 4007 N. HARBOR CITY BLVD., UNIT 101
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP () Delete
Name: ANDERSON, JAMES
Address: 4007 N. HARBOR CITY BLVD., UNIT 305
City-St-Zip: MELBOURNE, FL 32935 US

Title: T () Delete
Name: COOPER, HOMI
Address: 4007 N. HARBOR CITY BLVD., UNIT 404
City-St-Zip: MELBOURNE, FL 32935 US

Title: S () Delete
Name: RIDGLEY, DAVID
Address: 4007 N. HARBOR CITY BLVD., UNIT 302
City-St-Zip: MELBOURNE, FL 32935 US

Title: D () Delete
Name: SMITH, EILEEN
Address: 4007 N. HARBOR CITY BLVD., UNIT 104
City-St-Zip: MELBOURNE, FL 32935 US

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 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: VICTOR CHURCHWARD

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date