

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90159 001 \*\*\*\*61.25

<b>DOCUMENT # N03000007182</b>					
<b>1. Entity Name</b> RIVER VILLAGE TOWER II AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4380 US HWY. #1 VERO BEACH, FL 32967 US			<b>Mailing Address</b> 4380 US HWY. #1 VERO BEACH, FL 32967 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  SPEECHLY, CLIFFORD S JR 4380 US HWY. #1 VERO BEACH, FL 32967				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE: <u>CLIFFORD S. SPEECHLY, JR. MGR. 4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DV <input type="checkbox"/> Delete				
NAME	NORTH, ANNABEL				
STREET ADDRESS	4380 US HWY #1				
CITY-ST-ZIP	VERO BEACH, FL 32967				
TITLE	VTD <input checked="" type="checkbox"/> Delete				
NAME	IANNOTTI, PATICIA				
STREET ADDRESS	4340 US HWY. #1				
CITY-ST-ZIP	VERO BEACH, FL 32967				
TITLE	DST <input type="checkbox"/> Delete				
NAME	SMITH, NORMA D				
STREET ADDRESS	4380 US HWY #1				
CITY-ST-ZIP	VERO BEACH, FL 32967				
TITLE	DP <input checked="" type="checkbox"/> Delete				
NAME	BRUK, DOUGLAS				
STREET ADDRESS	4380 US HWY #1				
CITY-ST-ZIP	VERO BEACH, FL 32967				
TITLE	M <input type="checkbox"/> Delete				
NAME	SPEECHLY, CLIFFORD S JR				
STREET ADDRESS	4380 US HWY #1				
CITY-ST-ZIP	VERO BEACH, FL 32967				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	NORTH, ANNABEL				
STREET ADDRESS	4380 U.S. Hwy #1				
CITY-ST-ZIP	VERO BEACH FL 32967				
TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	REESE, ALAN				
STREET ADDRESS	4380 U.S. Hwy #1				
CITY-ST-ZIP	VERO BEACH FL 32967				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> <u>CLIFFORD S. SPEECHLY, JR. 4/27/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					