


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90086 043 \*\*\*\*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 - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 04-3772239	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SPEECHLY, CLIFFORD S JR 4380 US HWY. #1 VERO BEACH, FL 32967			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>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP NORTH, ANNABEL 4380 U.S. HWY 1 VERO BEACH, FL 32967		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV REESE, ALAN 4380 U.S. HWY 1 VERO BEACH, FL 32967		<input checked="" type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, NORMA D 4380 US HWY #1 VERO BEACH, FL 32967		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	M SPEECHLY, CLIFFORD S JR 4380 US HWY #1 VERO BEACH, FL 32967		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Blank]				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVT GROHOL, JENNIFER 4380 U.S. Hwy #1 VERO BEACH FL 32967				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DS Smith, NORMA D. 4380 U.S. Hwy #1 VERO BEACH FL 32967				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Blank]				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Blank]				
<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> _____ <b>CLIFFORD S. SPEECHLY, JR.</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
772-564-7440					