

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90255 044 \*\*\*\*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 <b>AR CHOICE MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>333 17th STREET, SUITE 2L</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32960</b>		
<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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>4-17-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <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>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> NORTH, ANNABEL 4380 U.S. HWY 1 VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> PETTY, DOUG 333 17th STREET, SUITE 2L VERO BEACH, FL 32960
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> GROHOL, JENNIFER 4380 U.S. HWY 1 VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> WEHDE, ROMA 333 17th STREET, SUITE 2L VERO BEACH, FL 32960
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> SMITH, NORMA D 4380 US HWY #1 VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> CASHILL, ROBERT 333 17th STREET, SUITE 2L VERO BEACH, FL 32960
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> SPEECHLY, CLIFFORD S JR 4380 US HWY #1 VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> 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>			<b>APR 17 '08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		