

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007182

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** RIVER VILLAGE TOWER II AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4380 US HWY. #1  
VERO BEACH, FL 32967 US

**New Principal Place of Business:**

333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960 US

**Current Mailing Address:**

4380 US HWY. #1  
VERO BEACH, FL 32967 US

**New Mailing Address:**

333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960 US

**FEI Number:** 04-3772239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AR CHOICE MANAGEMENT  
333 17TH ST STE 2L  
VERO BEACH, FL 32960 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: DST ( ) Delete  
Name: CASHILL, ROBERT  
Address: 333 17TH ST STE 2L  
City-St-Zip: VERO BEACH, FL 32960

Title: DP ( ) Delete  
Name: PETTY, DOUG  
Address: 333 17TH ST STE 2L  
City-St-Zip: VERO BEACH, FL 32960

Title: DVP ( ) Delete  
Name: WEHDE, ROMA  
Address: 333 17TH ST STE 2L  
City-St-Zip: VERO BEACH, FL 32960

**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:

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: ALAN P. ROMANO

MGR

04/02/2009

Electronic Signature of Signing Officer or Director

Date