
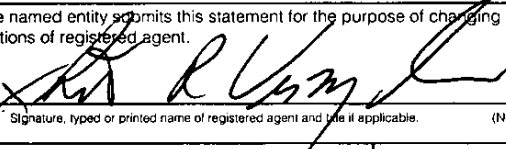
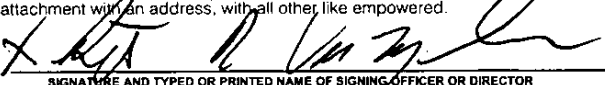


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90187 049 \*\*\*\*61.25

<b>DOCUMENT # N04000002979</b> 1. Entity Name RIVER PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 658 W INDIANTOWN ROAD STE 211 JUPITER, FL 33458		Mailing Address 658 W INDIANTOWN ROAD STE 211 JUPITER, FL 33458	
2. Principal Place of Business 1005 W. Indiantown Rd. Suite, Apt. #, etc. B-102 City & State Jupiter, FL Zip 33458 Country USA		3. Mailing Address 1005 W. Indiantown Rd. Suite, Apt. #, etc. B-102 City & State Jupiter, FL Zip 33458 Country USA	
4. FEI Number 01-0811940		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04282006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent HELM, JAMES T 658 W INDIANTOWN ROAD STE 211 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name Robert R. VerMurlen Street Address (P.O. Box Number is Not Acceptable) 1005 W. Indiantown Rd. Suite B-102 City Jupiter FL Zip Code 33458	
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.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and date if applicable.</small>		DATE 4/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME HELM, JAMES T STREET ADDRESS 658 W INDIANTOWN ROAD STE 211 CITY-ST-ZIP JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE President NAME Robert R. VerMurlen STREET ADDRESS 1005 W. Indiantown Rd., Suite B-102 CITY-ST-ZIP JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME HELM, KIM STREET ADDRESS 658 W INDIANTOWN ROAD STE 211 CITY-ST-ZIP JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE Vice President NAME SARAH SACHS STREET ADDRESS 1001 W. Indiantown Rd. CITY-ST-ZIP Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BRUCE, ROBERT STREET ADDRESS 658 W INDIANTOWN ROAD STE 211 CITY-ST-ZIP JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE Treasurer NAME Robert Friedmann STREET ADDRESS 1015 W. Indiantown Rd. CITY-ST-ZIP Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Secretary NAME Gregg DePinto STREET ADDRESS 1005 W. Indiantown Rd. CITY-ST-ZIP Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/28/06 Daytime Phone # 561-575-3124	