


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002979 1. Entity Name RIVER PLACE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1005 W. INDIANTOWN ROAD B-102 JUPITER, FL 33458	Mailing Address 1005 W. INDIANTOWN ROAD B-102 JUPITER, FL 33458
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent VERMURLEW, ROBERT R 1005 W. INDIANTOWN ROAD SUITE B-102 JUPITER, FL 33458	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERMURLEW, ROBERT R 1005 INDIANTOWN ROAD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SACHS, SARAH 1005 W. INDIANTOWN ROAD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIEDMAN, ROBERT 1015 W. INDIANTOWN ROAD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEPOINTE, GREGG 1005 W. INDIANTOWN ROAD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80044-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07 501-575-3124