2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000004164

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Entity Name: ROTONDA RIVER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1460 S. MCCALL ROAD224P BOUNDARY BOULEVARDSUITE 3-EROTONDA WEST, FL 33947

ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

1460 S. MCCALL ROAD
SUITE 3-E
ENGLEWOOD, FL 34223
224P BOUNDARY BOULEVARD
ROTONDA WEST, FL 33947

FEI Number: 20-5916705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FIORE, ANTHONY

1460 S. MCCALL ROAD

SUITE 3-E

ENGLEWOOD, FL 34223 US

MAATZ, JOERN

224P BOUNDARY BOULEVARD

ROTONDA WEST, FL 33947 US

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: JOERN MAATZ 11/21/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: FIORE, ANTHONY Name: MAATZ, JOERN

Address: 1460 S. MCCALL ROAD SUITE 3-E Address: 224P BOUNDARY BOULEVARD
City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ROTONDA WEST, FL 33947

Title: VSTD () Delete Title: P (X) Change () Addition

Name: FIORE, NANCY Name: MAATZ, HILDA

Address: 1460 S. MCCALL ROAD SUITE 3-E Address: 224P BOUNDARY BOULEVARD City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 HOSSACK, MARCUS J
 Name:
 COLENSO, GRAHAM

 Address:
 5347 SAGE THRASHER ROAD
 Address:
 220P BOUNDARY BOULEVARD

City-St-Zip: PARKER, FL 34223 City-St-Zip: ROTONDA WEST, FL 33947

Title: () Delete Title: VP () Change (X) Addition

Name:Name:SHEPHERD, BILLAddress:Address:220P BOUNDARY BOULEVARD

City-St-Zip: City-St-Zip: ROTONDA WEST, FL 33947

 $\label{eq:title: Title: S () Delete} Title: S () Change (X) Addition$

 Name:
 Name:
 RICCIUTI, FRANK

 Address:
 Address:
 735 BEACON PLACE

 City-St-Zip:
 City-St-Zip:
 MOUNT LAUREL, NJ 08054

I hereby certify that the information supplied with this filing does not qualify for the 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: JOERN MAATZ P 11/21/2006