2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 17, 2008 8:00 am Secretary of State

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DOCUMENT # N0400006113  1. Entity Name RIVER PRESERVE CONDOMINIUM ASSOCIATION, INC.				03-17-2008 90011 049 ****61.25	
Principal Place 4306 BARRA BRADENTON	CUDA DRIVE	Mailing Address 4306 Barracuda Drivi Bradenton, FL 34208		10010000	
				.	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address PROGRESSIVE Community Mamt Inc FROGRESSIVE Community Mamt					
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 1801 GLENGA	7	01292008 Cha-NP CP2E037 (12/06)	
City & State	9	City & State	RY STRA	4. FEI Number Applied	For
SARAS:		SARASOTA	Country	20-1289083 Not App	
34a	3 l Country 3 l V S A	34231	USA	5. Certificate of Status Desired   \$8.75 Additional Fee Required	3)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
4306 BAR	I, GEORGE R RACUDA DRIVE ON, FL 34208		Street A	RESSIVE COMMUNITY MANAGEMENT I ddress (P.O. Box Number is Not Acceptable) GLENGARY STREET	NC
			City	Zip Code	
				RASOTA - 34231	<u> </u>
	named entity submits this statement for ions of registered agent.	The purpose of changing its r	egistered office or	r registered agent, or both, in the State of Florida. I am familiar with, and a	accept
SIGNATURE Signature Signature of registered against and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
SIGNATURE.	Signature, typed or printed name of registered agent an	ed title if applicable. (NOTE:	Registered Agent signat		_
(	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ontribution.	S5.00 May Be Added to Fees Florida Department of State	
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I hereby certify that the information supplied with this filling 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.

GNATURE:

SIGNATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNENG OFFICER ON DIRECTOR

SIGNATURE: