

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90065 021 ****61.25

DOCUMENT # N04000006946					
1. Entity Name RIVER VILLAGE TOWER I AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 333 17TH STREET SUITE 2L VERO BEACH, FL 32960 US			Mailing Address 333 17TH STREET SUITE 2L VERO BEACH, FL 32960 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1229743	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROMANO, ALAN P 333 17TH STREET SUITE 2L VERO BEACH, FL 32960			Name A.R. CHOICE MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 333 17TH STREET, SUITE 2L City VERO BEACH FL Zip Code 32960		
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 DP NAME NORTH, ANNABEL STREET ADDRESS 4380 US HWY #1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE DVP NAME MAFFET, JEFFREY STREET ADDRESS 333 17TH STREET, SUITE 2L CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME REESE, ALAN STREET ADDRESS 4380 US HWY 1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE DST NAME BABCOCK, ROBBIN STREET ADDRESS 333 17TH STREET, SUITE 2L CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DST NAME GROHOL, JENNIFER STREET ADDRESS 4380 US HWY #1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME PASSEN, RICHARD B STREET ADDRESS 333 17TH STREET STE 2L CITY-ST-ZIP VERO BEACH, FL 32360	<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	
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 lines empowered.					
SIGNATURE:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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