2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 29, 2008 08:00 AM **DOCUMENT # N04728** Secretary of State THE RIVER CLUB ASSOCIATION, INC. Principal Place of Business Mailing Address 3131 S RIDGEWOOD AVE 157 CANDY LANE **ROCHESTER NY 14615** SOUTH DAYTONA FL 32119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. EEI Number 59-3694384 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOSTER, WALTER E III Street Address (P.O. Box Number is Not Acceptable) 315 S PALMETTO AVENUE DAYTONA BEACH FL 32114 City Zip Code 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Bod stated Agen propries required when it instating) Signature, typed or printed name of legistered altert and the Tappicable. 4+1:45457745446745 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State official language refreballation OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change ■ Addition TITLE ☐ Delete MINIER, EDWARD J NAME NAME 157 CANDY LANE STREET ADDRESS STREET ADDRESS U00000843780 ROCHESTER NY 14615 CITY-ST-ZiP CITY ST-ZIP 03/12/08-<u>80009-008_61.25</u> ☐ Addition ☐ Change TITLE Delate TITLE HENION, LOUISE NAME NAME 83 LAUREL HILL RD STREET ADDRESS STREET ADDRESS **BROOKFIELD CT 06804** CITY-ST-ZIP CITY-ST-ZIP Dalats TITLE ☐ Change Addition TITLE MINIER, HELENE NAME NAME 157 CANDY LANE STREET ADDRESS STREET ADDRESS ROCHESTER NY 14615 CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 11716 ☐ Change Addition FLEE NALIS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-Z/P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

2-21-08 585 721-7226