

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

04-23-2007 90271 015 ****61.25

DOCUMENT # N05000003396

1. Entity Name
RIVERWOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1000 SHOREWOOD DRIVE SUITE 200 CAPE CANAVERAL, FL 32920	Mailing Address 1000 SHOREWOOD DRIVE SUITE 200 CAPE CANAVERAL, FL 32920
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66014102



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

04182007 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR 20-8977598

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 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**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, KOHN <input type="checkbox"/> Delete 1000 SHOREWOOD DRIVE, SUITE 200 CAPE CANAVERAL, FL 32920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENNETT, BRENDA <input type="checkbox"/> Delete 1000 SHOREWOOD DRIVE, SUITE 200 CAPE CANAVERAL, FL 32920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYES, JESSICA <input checked="" type="checkbox"/> Delete 1000 SHOREWOOD DRIVE, SUITE 200 CAPE CANAVERAL, FL 32920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Priede, Orlando <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1000 Shorewood Drive, #200 Cape Canaveral, FL 32920 <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
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 auditor 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: _____ **4/20/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #