2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003964

FILED Apr 13, 2012 Secretary of State

Entity Name: NORTH RIVER CITY OWNERS ASSOCIATION, INC.

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

31500 NORTHWESTERN HIGHWAY SUITE 300 FARMINGTON HILLS, MI 48334

Current Mailing Address: New Mailing Address:

31500 NORTHWESTERN HIGHWAY SUITE 300 FARMINGTON HILLS, MI 48334

FEI Number: 20-2716271 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: GERSHENSON, DENNIS

Address: 31500 NORTHWESTERN HIGHWAY SUITE 300

City-St-Zip: FARMINGTON HILLS, MI 48334

Title: EVP

Name: ZANTELLO, FREDERICK

Address: 31500 NORTHWESTERN HIGHWAY SUITE 300

City-St-Zip: FARMINGTON HILLS, MI 48334

Title: STD

Name: ANDREWS, GREGORY

Address: 31500 NORTHWESTERN HIGHWAY SUITE 300

City-St-Zip: FARMINGTON HILLS, MI 48334

Title: SVP

Name: CLARK, CATHERINE

Address: 31500 NORTHWESTERN HIGHWAY, SUITE 300

City-St-Zip: FARMINGTON HILLS, MI 48334

Title: SVP

Name: SULLIVAN, MICHAEL

Address: 31500 NORTHWESTERN HIGHWAY, SUITE 300

City-St-Zip: FARMINGTON HILLS, MI 48334

I hereby 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 all other like empowered.

SIGNATURE: DENNIS GERSHENSON PRES 04/13/2012