


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N05000008560</b> Entity Name <b>RESIDENT COUNCIL OF FOSSIE M. RILEY GARDEN APARTMENTS, INC.</b>	
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FILED

06 MAY 19 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916	Mailing Address 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05112006 Chg-NP CR2E037 (4/06)

4. FEI Number 20-3222267	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HALL, BARBARA 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	P HALL, BARBARA J 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100076292551 06/16/06--01042--004 **70.10
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WICKS, BIRDIE 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916 <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	T BROADFOOT, MICHAEL 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T OCIE MAE MILLER 4258 MICHIGAN LINK AVE #79 FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S APONTE, DINAH 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S JANET MAXWELL 4258 MICHIGAN LINK AVE #107 FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HENDERSON, JEANETTE 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916 <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

K. Eckel MAY 25 2006

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 like empowered.

SIGNATURE: BARBARA J. HALL, *Barbara J. Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-06

239-878-0316

Date Daytime Phone #