2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008560

FILED Apr 29, 2008 Secretary of State

Entity Name: RESIDENT COUNCIL OF FOSSIE M. RILEY GARDEN APARTMENTS, INC.

Current Principal Place of Business: New Principal Place of Business: 4258 MICHIGAN LINK AVE FT MYERS, FL 33916 **Current Mailing Address: New Mailing Address:** 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916 FEI Number: 20-3222267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL, BARBARA J PRESIDE 4258 MICHIGAN LINK AVE #1 FT MYERS, FL 33916 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HALL, BARBARA J Name: Name: 4258 MICHIGAN LINK AVE #1 Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: Title: () Delete Title: (X) Change () Addition WICKS, BIRDIE Name: ALLEN, JOHNNY Name: Address: 4258 MICHIGAN LINK AVE #96 Address: 4258 MICHIGAN LINK AVE #40 City-St-Zip: FT MYERS, FL 33916 City-St-Zip: FT MYERS, FL 33916 Title: () Delete Title: (X) Change () Addition MILLER, OCIE M TREASUR WICKS, BIRDIE TREASUR Name: Name: 4258 MICHIGAN LINK AVE #73 4258 MICHIGAN LINK AVE #96 Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: FT MYERS, FL 33916 Title: () Delete Title: (X) Change () Addition Name: MAXWELL, JANET Name: MILLER, OCIE M 4258 MICHIGAN LINK AVE #107 Address: Address: 4258 MICHIGAN LINK AVE #74 City-St-Zip: FT MYERS, FL 33916 City-St-Zip: FT MYERS, FL 33916 Title: () Delete Title: (X) Change () Addition HENDERSON, JEANETTE GRIFFIN, WILLIE M Name: Name: 4258 MICHIGAN LINK AVE #18 4258 MICHIGAN LINK AVE #119 Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: FT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA J HALL P 04/29/2008