

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90081 039 ****61.25

DOCUMENT # N06000000768

1. Entity Name
**RIVERVIEW CONDOMINIUMS AT GRAND HAVEN
ASSOCIATION, INC.**



Principal Place of Business
**290 COCOANUT AVE
SARASOTA, FL 34236**

Mailing Address
**290 COCOANUT AVE
SARASOTA, FL 34236**

40074986



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-0471993

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SEVERN TRENT SERVICES
475 WEST TOWN PL STE 100
SAINT AUGUSTINE, FL 32092**

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, 2008**

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
**P
MUSTARI, RONALD
290 COCOANUT AVE
SARASOTA, FL 34236** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Stauffer, Patricia
13 St. Park Lane
Palm Coast, FL 32137** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
ANDREWS, J.S.
290 COCOANUT AVE
SARASOTA, FL 34236** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Curcio, Lawrence
883 Sheldon Ave
Staten Island, N.Y. 10309** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
CARTER, KAY
290 COCOANUT AVE
SARASOTA, FL 34236** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
Janks, Gregory M.
4217 Carey Lane
Bloomfield, MI 48301** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Frey, Peter
200 Riverfront Dr. Unit D201
Palm Coast, FL 32137** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2008

Date

**904-
940-6044**

Daytime Phone #