

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000768

FILED
Apr 17, 2009
Secretary of State

Entity Name: RIVERVIEW CONDOMINIUMS AT GRAND HAVEN ASSOCIATION, INC.

Current Principal Place of Business:

290 COCOANUT AVE
SARASOTA, FL 34236

New Principal Place of Business:

200 RIVERFRONT DRIVE
PALM COAST, FL 32137

Current Mailing Address:

290 COCOANUT AVE
SARASOTA, FL 34236

New Mailing Address:

475 WEST TOWN PL STE 100
ST. AUGUSTINE, FL 32092

FEI Number: 20-0471993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: P () Delete
Name: MUSTARI, RONALD
Address: 13 N PARK LANE
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: LAWRENCE, CRUCIO
Address: 883 SHELDON AVE
City-St-Zip: STATEN ISLAND, NY 10309

Title: S () Delete
Name: GREGORY, JANKS M
Address: 427 COREY LANE
City-St-Zip: BLOOMFIELD HILLS, MI 48301

Title: T () Delete
Name: FREY, PETER
Address: 200 RIVERFRONT DR. UNIT D 201
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STAUFFER, PATRICIA
Address: 13 N PARK LANE
City-St-Zip: PALM COAST, FL 32137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGORY JANKS

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date