

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010073

FILED
Mar 10, 2009
Secretary of State

Entity Name: LA RIVA RESORT ASSOCIATION II, INC.

Current Principal Place of Business:

510 E ZARAGOZA ST
PENSACOLA, FL 32502

New Principal Place of Business:

14750 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

Current Mailing Address:

510 E ZARAGOZA ST
PENSACOLA, FL 32502

New Mailing Address:

14750 PERDIDO KEY DR.
PENSACOLA, FL 32507

FEI Number: 20-5668684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, G. THOMAS
510 E ZARAGOZA ST
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

CARLETON, SUSAN
14758 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 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: SUSAN CARLETON

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHUTZ, DAVID
Address: 6806 SEYBOLD RD
City-St-Zip: MADISON, WI 53719

Title: VPST () Delete
Name: BRYAN, WILLIAM C
Address: BOX 2006
City-St-Zip: KNOXVILLE, TN 37901

Title: D (X) Delete
Name: BRYAN, WILLIAM C
Address: BOX 2006
City-St-Zip: KNOXVILLE, TN 37901

Title: D (X) Delete
Name: SCHUTZ, DAVID A
Address: 6806 SEYBOLD RD
City-St-Zip: MADISON, WI 53719

Title: D () Delete
Name: SCHUTZ, DAVID A JR
Address: 2605 CTH F HWY
City-St-Zip: BARNEVELD, WI 53507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SCHUTZ, DAVID
Address: 6806 SEYBOLD RD
City-St-Zip: MADISON, WI 53719

Title: ST/D (X) Change () Addition
Name: BRYAN, WILLIAM C
Address: BOX 2006
City-St-Zip: KNOXVILLE, TN 37901

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: DAVID SCHUTZ

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date