2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# N06766

Entity Name: RIVER BRIDGE OF ORMOND BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

20 TOMOKA AVE.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

20 TOMOKA AVE.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 39-1549200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOMBARDO, ANTHONY S
84 S BEACH ST
ORMOND BEACH, FL 32174 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: PD ( ) Delete
Name: LOMBARDO, ANTHONY S
Address: 84 S. BEACH ST.
City-St-Zip: ORMOND BEACH, FL

Title: D ( ) Delete
Name: MADL, PATRICIA
Address: 20 TOMOKA AVE #203
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: LANE, SHIRLEY
Address: 20 TOMOKA AVE #110
City-St-Zip: ORMOND BEACH, FL

Title: D ( ) Delete
Name: LECUANO, LINDA
Address: 20 TOMOKA AVE 207
City-St-Zip: ORMOND BEACH, FL

Title: D ( ) Delete
Name: WILHEM, ELIZABETH
Address: 20 TOMOKA AVE #210
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: JAMES, MURRAY
Address: 111 A EXECUTIVE CIR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Change ( ) Addition
Name: CUPOLO, ANTHONY
Address: 410 N HALIFAX AVE STE D
City-St-Zip: DAYTONA BEACH, FL 32118

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

Title: D (X) Change ( ) Addition
Name: SMITH, ARTHUR
Address: 32 HIGHLANDS FALLS DR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY S LOMBARDO P 02/21/2006

Electronic Signature of Signing Officer or Director — Date