


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90076 008 \*\*\*\*61.25

DOCUMENT # N06766	
1. Entity Name RIVER BRIDGE OF ORMOND BEACH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 20 TOMOKA AVE. ORMOND BEACH, FL 32174	Mailing Address 20 TOMOKA AVE. ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  LOMBARDO, ANTHONY S 84 S BEACH ST ORMOND BEACH, FL 32174	DO NOT WRITE IN THIS SPACE
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 _____		DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> Director LOMBARDO, ANTHONY S 84 S. BEACH ST. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> JAMES, MURRAY 111 A EXECUTIVE CIR DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUBOLO, ANTHONY <i>Nancy Boyette</i> 440 N HALIFAX AVE <i>20 Tomoka Ave #201</i> DAYTONA BEACH, FL 32118 <i>Ormond Beach, FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECUANO, LINDA 20 TOMOKA AVE 207 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>SMITH, ARTHUR</del> <i>Ken Murphy</i> 32 HIGHLANDS FALLS DR <i>20 Tomoka Ave #101</i> ORMOND BEACH, FL 32174 <i>Ormond Beach, FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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: _____	4-2-07 386-258-3423
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>