2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State
05-22-2008 90013 032 ****61.25

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1. Entity Name
RIVER TRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1022 MAIN ST., STE D DUNEDIN, FL 34698	1022 MAIN ST., STE D DUNEDIN, FL 34698

04152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
36370 U.S. Hwy 19 N. Palm Harbor, FL. 34684 USA	36370 U.S. Hwy 19 N. Palm Harbor, FL. 34684 USA

4. FEI Number 20-8715890 ☐ Applied For ☐ Not Applicable

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
TANKEL, ROBERT L 1022 MAIN ST., STE D DUNEDIN, FL 34698	Name Minieri, Carl N 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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	PD MINERI, CARL N 1022 MAIN ST., STE D DUNEDIN, FL 34698	☐ Delete	P Minieri, Carl A 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GENTILE, MICHAEL 1022 MAIN ST., STE D DUNEDIN, FL 34698	☒ Delete	VP Minieri, Carl N 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MALAVE, MARYANNE 1022 MAIN ST., STE D DUNEDIN, FL 34698	☐ Delete	S/T Malave, Marianne 36370 U.S. Hwy 19 N. Palm Harbor, FL 34684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ Pres 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #