


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N13149 1. Entity Name THE RIVER HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 266 RIVER PARK DR JUPITER, FL 33477 US	Mailing Address 266 RIVER PARK DR JUPITER, FL 33477 US
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03312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2629939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, JOHN
266 RIVER PARK DRIVE
JUPITER, FL 33477

**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 _____ (NOTE: Registered Agent signature required when renouncing) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000502941
04/26/06-80013-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TROSTY, RONALD 204 RIVER PARK DR. JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD WILSON, JAMES C 210 RIVER PARK DRIVE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOWNEY, GLEN 227 RIVER PARK DR JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTING, BONNIE K 109 LANDWARD DRIVE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILHITE, GAIL 202 RIVER PARK DR. JUPITER, FL 33477
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

James C. Wilson

4/6/06

561-743-0141