2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N13776

Entity Name: RIVER GROVE ESTATES, INC.

Current Principal Place of Business:

3200 RIVER GROVE CIRCLE
FT. MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

3200 RIVER GROVE CIRCLE
FT. MYERS, FL 33905 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, TINA
3200 RIVER GROVE CIRCLE
FT MYERS, FL 33905 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: JOHNSON, MARK
Address: 3172 RIVER GROVE CIR.
City-St-Zip: FT. MYERS, FL 33905 US

Title: VD ( ) Delete
Name: SCHUCKMAN, GARY
Address: 3157 RIVER GROVE CIR.
City-St-Zip: FT. MYERS, FL 33905 US

Title: TD ( ) Delete
Name: TAYLOR, TINA
Address: 3200 RIVER GROVE CIRCLE
City-St-Zip: FT. MYERS, FL 33905 US

Title: SD ( ) Delete
Name: NOE, HOLLY
Address: 3195 RIVER GROVE CIR.
City-St-Zip: FT. MYERS, FL 33905 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: TINA DENISE TAYLOR TD 04/25/2005
Electronic Signature of Signing Officer or Director — Date