2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13776

FILED Apr 12, 2007 Secretary of State

Entity Name: RIVER GROVE ESTATES INC.

Current F	Principal Place of Business:	New Principal Place	of Business:
	ER GROVE CIRCLE	•	
	RS, FL 33905 US		
Current N	Nailing Address:	New Mailing Addres	ss:
	ER GROVE CIRCLE RS, FL 33905 US		
El Number	r: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
	TINA ER GROVE CIRCLE S, FL 33905 US		
	e named entity submits this statement for the	e purpose of changing its registere	ed office or registered agent, or both
	e of Florida. É RE:		ed office or registered agent, or both
n the Stat	re of Florida.		ed office or registered agent, or both Date
n the Stat SIGNATU	e of Florida. É RE:	Agent	
n the Stat SIGNATU DFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered A	Agent	Date
n the Stat BIGNATU DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	te of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: PD () Delete STEWART, JOHN 3180 RIVER GROVE CIRCLE	Agent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
n the Stat SIGNATU	RE: Electronic Signature of Registered A S AND DIRECTORS: PD () Delete STEWART, JOHN 3180 RIVER GROVE CIRCLE FT. MYERS, FL 33905 US VD () Delete CAMPAGNOLO, JASON 3140 RIVER GROVE CIRCLE	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO () Change () Addition

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: TINA DENISE TAYLOR TD 04/12/2007