2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18984

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4244 SE 20TH PLACE, #118

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CAPE CORAL, FL 33904

3303 EVERGREEN LANE

EAU CLAIRE, WI 54701

4240 SE 20TH PL, #109

CAPE CORAL, FL 33904

BOHACEK, ROBERT

STULL, LYNN

FILED Jan 25, 2008 Secretary of State

Entity Name: RIVER PARK PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4230 SE 20TH PLACE US CAPE CORAL, FL 33904 **Current Mailing Address: New Mailing Address:** C/O SILVERCRESTED MANAGEMENT LLC C/O SILVERCRESTED MGT INC PO BOX 1848 PO BOX 1848 FT MEYERS, FL 33902 FT MEYERS, FL 33902 US FEI Number: 65-0021942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SILVERCRESTED MGT INC SILVERCRESTED MANAGEMENT LLC 3440 MARINATOWN LANE 3440 MARINATOWN LANE 203 FORT MYERS, FL 33902 US FORT MYERS, FL 33902 US 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: LEE J. VAN TILBURG 01/25/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAYES, LARRY Name: Name: 4240 SE 20TH PL., #212 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: VD Title: VD () Delete (X) Change () Addition COHILL, ERIC Name: COHILL, ERIC Name: Address: 4240 SE20TH PL #107 Address: 4230 SE20TH PL #107 City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: STD () Delete Title: () Change () Addition CLARK, JANE Name: Name:

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HEGER, JIM

ADKINS, DALE

MORROW, OH 45152

4230 SE 20TH PLACE #308

CAPE CORAL, FL 33904

(X) Change () Addition

(X) Change () Addition

5693 MORROW-COZADDALE RD

I hereby certify that the information supplied with this filing does not qualify 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

SIGNATURE: LARRY HAYES PD 01/25/2008

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.