

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18984

FILED
Feb 07, 2009
Secretary of State

Entity Name: RIVER PARK PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4230 SE 20TH PLACE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
PO BOX 1848
FT MEYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0021942 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
FORT MYERS, FL 33902 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: CHAD M. VAN TILBURG

02/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAYES, LARRY
Address: 4240 SE 20TH PL., #212
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: COHILL, ERIC
Address: 4230 SE20TH PL #107
City-St-Zip: CAPE CORAL, FL 33904

Title: STD () Delete
Name: CLARK, JANE
Address: 4244 SE 20TH PLACE, #118
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: HEGER, JIM
Address: 5693 MORROW-COZADDALE RD
City-St-Zip: MORROW, OH 45152

Title: D () Delete
Name: ADKINS, DALE
Address: 4230 SE 20TH PLACE #308
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: GOODMAN, MICHAEL
Address: 4244 SE 20TH PL #216
City-St-Zip: CAPE CORAL, FL 33904

Title: STD (X) Change () Addition
Name: CLARKE, JANE
Address: 4244 SE 20TH PLACE, #118
City-St-Zip: CAPE CORAL, FL 33904

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 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: LARRY HAYES

PD

02/07/2009

Electronic Signature of Signing Officer or Director

Date