


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90033 012 ****61.25

DOCUMENT # N19197 1. Entity Name TOWN & RIVER CONDOMINIUM PHASE ONE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4309 MARINER WAY FT. MYERS, FL 33919-6054			Mailing Address 4309 MARINER WAY FT. MYERS, FL 33919-6054		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 90 COASTAL ASSOC. MGMT 11595 KELLY ROAD #309 FT. MYERS, FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FT. MYERS, FL			
Zip	Country	Zip 33908	Country USA	4. FEI Number 59-1637055	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REALTY SRVS. 2525 PKWY ST FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name ARLENE O'NEILL Street Address (P.O. Box Number is Not Acceptable) 90 COASTAL ASSOCIATION MGMT 11595 KELLY ROAD #309 City FT. MYERS FL Zip Code 33908		
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 <u>Arlene O'Neill</u> ARLENE O'NEILL DATE <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIDE, MARVIC 4309 MARINER WAY, #201 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HEIDE, MARVIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARTELS, PEGGY 4309 MARINER WAY #107 FT. MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELOME, KEITH 4309 MARINER WAY 405 FT. MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIEDINGER, CHARLES 4309 MARINER WAY, #204 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUEGSEGGER, GARY 4309 MARINER WAY, #106 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Charles Wiedinger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>April 30</u> Daytime Phone # <u>590-6888</u>		

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