
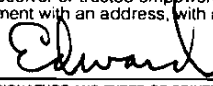


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90098 015 ****61.25

DOCUMENT # N20239 1. Entity Name RIVER CLUB PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business A.R. CHOICE MANAGEMENT 333 17TH STREET, SUITE 2 L VERO BEACH, FL 32960			Mailing Address A.R. CHOICE MANAGEMENT 333 17TH STREET, SUITE 2 L VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0034211	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORNETT, GOOGE & ASSOC. 401 EAST OSCEOLA ST 1ST FLOOR STUART, FL 34994				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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	P	<input checked="" type="checkbox"/> Delete	TITLE	bvp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANNON, ROBERT		NAME	Sullivan, Alexandra	
STREET ADDRESS	333 17TH STREET, SUITE 2L		STREET ADDRESS	333 17th street, suite 2L	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO Beach, FL 32960	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELESS, DON		NAME	DT	
STREET ADDRESS	333 17TH STREET, SUITE 2L		STREET ADDRESS	DT	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	DT	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRACEY, EDWARD		NAME	Devinney, William	
STREET ADDRESS	333 17TH STREET, SUITE 2L		STREET ADDRESS	333 17th Street, Suite 2L	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO Beach, FL 32960	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURANO, PAUL		NAME	Cleworth, Mary	
STREET ADDRESS	333 17TH STREET, SUITE 2L		STREET ADDRESS	333 17th street, suite 2L	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO Beach, FL 32960	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/29/07 772-567-0508		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		