

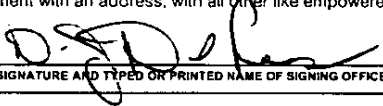


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90013 033 \*\*\*\*61.25

<b>DOCUMENT # N20239</b> 1. Entity Name <b>RIVER CLUB PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>A.R. CHOICE MANAGEMENT</b> <b>333 17TH STREET, SUITE 2 L</b> <b>VERO BEACH, FL 32960</b>			Mailing Address <b>A.R. CHOICE MANAGEMENT</b> <b>333 17TH STREET, SUITE 2 L</b> <b>VERO BEACH, FL 32960</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0034211</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORNETT, GOOGE &amp; ASSOC.</b> <b>401 EAST OSCEOLA ST 1ST FLOOR</b> <b>STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>SULLIVAN, ALEXANDRA</b> <b>333 17TH STREET, SUITE 2L</b> <b>VERO BEACH, FL 32960</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>Sullivan, Alexandra</b> <b>333 17th Street, Suite 2L</b> <b>Vero Beach, FL 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>DELESS, DON</b> <b>333 17TH STREET, SUITE 2L</b> <b>VERO BEACH, FL 32960</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Deless, Don</b> <b>333 17th Street, Suite 2L</b> <b>Vero Beach, FL 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT <b>TRACEY, EDWARD</b> <b>333 17TH STREET, SUITE 2L</b> <b>VERO BEACH, FL 32960</b> <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	DS <b>DEVINNEY, WILLIAM</b> <b>333 17TH STREET, SUITE 2L</b> <b>VERO BEACH, FL 32960</b> <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 <b>CLEWORTH, MARY</b> <b>333 17TH STREET, SUITE 2L</b> <b>VERO BEACH, FL 32960</b> <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	<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.					
<b>SIGNATURE:</b> 				Date <b>3-20-08</b> Daytime Phone # <b>772 567 0808</b>	