2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2005 8:00 am **Secretary of State** DOCUMENT # N21005 02-24-2005 90051 029 ****61.25 1. Entity Name RIVERBREEZE ESTATES PARK UNIT, INC. Principal Place of Business Mailing Address 50019072 1710 7TH ST SW 1710 7TH ST SW 116 116 RUSKIN, FL 33570 RUSKIN, FL 33570 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212005 Chq-NP CR2E037 (10/03) City & State City & State 4. FEi Number 59-2873296 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent OREN SMITH PONTENBERG, DUANE Street Address (P.O. Box Number is Not Acceptable) 1710 7TH ST SW #22 RUSKIN, FL 33570 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. Lam familiar with, and accept the obligations of registered agent. ZZ FEB 05 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DS VRESTDENT ■ Delete TITLE ☐ Change Addition BEAUCHAMP, ANN NAME NAME LOREN STREET ADDRESS 1710 7TH ST SW LOT 83 STREET ADDRESS CITY-ST-ZIP RUSKIN, FL 33570 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change C Addition REAJURER NAME NAME SW #29 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33570 TITLE Delete TITLE Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS 11-11-5 CITY-ST-ZIP CITY-ST-ZIP TITLE -■ Delete Change __ Addition NAME PANT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED