## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22753

FILED Jan 26, 2009 Secretary of State

Entity Name: THE RIVER'S II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2999 DEL PRADO BLVD. 4015 SE 12TH PL

CAPE CORAL, FL 33903 CAPE CORAL, FL 33904 US

Current Mailing Address: New Mailing Address:

P.O. BOX 151845 1319 MIRAMAR ST

CAPE CORAL, FL 33915 STE 101

CAPE CORAL, FL 33904 US

FEI Number: 65-0158215 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZUNINO, PAULA ZUNINO, PAULA 2799 DEL PRADO BLVD. ZUNINO, PAULA C/O GPM, INC.

CAPE CORAL, FL 33903 US 1319 MIRAMAR ST STE 101
CAPE CORAL, FL 33904 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: PAOLA ZUNINO 01/26/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VPD ( ) Delete Title: VPD (X) Change( ) Addition

Name: SELBY, MARK Name: HUGHES, GARY

 Address:
 4235 SE 20TH PL #A-403
 Address:
 4015 SE 20TH PLACE #206

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KIRBY, MARGE
 Name:

 Address:
 4015 SE 20TH PL #501
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MCABERY, BRUCE
 Name:

 Address:
 4015 SE 20TH PL #203
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 SWANSON, MARY ANN
 Name:

 Address:
 4015 SE 20TH #304
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LEER, FRAN
 Name:

 Address:
 4015 SE 20TH PLACE #303
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 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: MARGE KIRBY PD 01/26/2009