
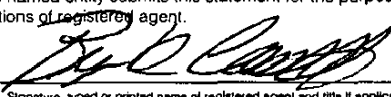



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90291 007 ****61.25

DOCUMENT # N23693 1. Entity Name RIVERFRONT VILLAS GROUNDS ASSOCIATION, INC.					
Principal Place of Business % SIGNATURE REALTY & MANG. 4003 HARTLEY RD JACKSONVILLE, FL 32257 US			Mailing Address % SIGNATURE REALTY & MANG. 4003 HARTLEY RD JACKSONVILLE, FL 32257 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2808559	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIGNATURE REALTY & MANG., INC. 4003 HARTLEY RD. BRYAN CANTRELL, BROKER JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/21/06		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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	TD	<input checked="" type="checkbox"/> Delete	TITLE	SID GEFEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, TAYLOR Q		NAME	6740 EPPING FOREST WAY N #109	
STREET ADDRESS	6740 101 EPPING FOREST WAY NORTH		STREET ADDRESS	JACKSONVILLE, FL.	
CITY - ST - ZIP	JACKSONVILLE, FL 32217		CITY - ST - ZIP	32217	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMORROW, LINDA		NAME		
STREET ADDRESS	6730 EPPING FOREST WAY		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32217		CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMORROW, LINDA		NAME		
STREET ADDRESS	6750 EPPING FOREST WAY N #103		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32217		CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLS, SANDRA		NAME		
STREET ADDRESS	6750 EPPING FOREST WAY N #101		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32217		CITY - ST - ZIP		
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		
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 life empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/20/06 Daytime Phone # 904-626-9900		