2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# N26865

Entity Name: RIVER KEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BANYAN PROPERTY MANAGEMENT, INC
2328 SOUTH CONGRESS AVE SUITE 1-C
WEST PALM BEACH, FL 33409

New Principal Place of Business:

C/O FLORIDA 1ST ASSOCIATION MANAGEMENT
8895 N. MILITARY TRAIL, SUITE 203-D
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

C/O BANYAN PROPERTY MANAGEMENT, INC
2328 SOUTH CONGRESS AVE SUITE 1-C
WEST PALM BEACH, FL 33406 US

New Mailing Address:

C/O FLORIDA 1ST ASSOCIATION MANAGEMENT
8895 N. MILITARY TRAIL, SUITE 203-D
PALM BEACH GARDENS, FL 33410

FEI Number: 59-1533627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLEY & WYANT-CORTEZ PA
860 US HWY ONE SUITE 108
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MILES, JOAN	
Address:	342 SOUTHVIEW DR #112	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	D	( ) Delete
Name:	LICHTY, MARIA	
Address:	342 SOUTHWIND DR #216	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	VP	( ) Delete
Name:	NORR, DAVID	
Address:	3866 PROSPECT AVE SUITE 12	
City-St-Zip:	WEST PALM BEACH, FL 33404	
Title:	T	( ) Delete
Name:	ROBINSON, PAT	
Address:	342 SOUTHWIND DR # 201	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	S	( ) Delete
Name:	BLACKWELL, ALAN	
Address:	342 SOUTHWIND DR 108	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: JOANNE MILES P 07/14/2009

Electronic Signature of Signing Officer or Director — Date