

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 15, 2010**  
**Secretary of State**

DOCUMENT# N26865

**Entity Name:** RIVER KEY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O FLORIDA 1ST ASSOCIATION MANAGEMENT  
8895 N. MILITARY TRAIL, SUITE 203-D  
PALM BEACH GARDENS, FL 33410**New Principal Place of Business:****Current Mailing Address:**C/O FLORIDA 1ST ASSOCIATION MANAGEMENT  
8895 N. MILITARY TRAIL, SUITE 203-D  
PALM BEACH GARDENS, FL 33410**New Mailing Address:****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:**LORA D. HOWE, ATTORNEY AT LAW  
4400 NORTHCORP PARKWAY  
PALM BEACH GARDENS, FL 33410 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: LORA D. HOWE

11/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILES, JOANNE  
Address: 342 SOUTHVIEW DR #112  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP  
Name: NORR, DAVID  
Address: 342 SOUTHWIND DRIVE #108  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TR  
Name: STEGNER, ADRIENNE  
Address: 342 SOUTHWIND DRIVE #118  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S  
Name: BLACKWELL, ALAN  
Address: 342 SOUTHWIND DRIVE #108  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D  
Name: LICHTY, MARIA  
Address: 342 SOUTHWIND DRIVE 216  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby 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 all other like empowered.

SIGNATURE: JOANNE MILES

PD

11/15/2010

Electronic Signature of Signing Officer or Director

Date