

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 12, 2009**  
**Secretary of State**

DOCUMENT# N29639

**Entity Name:** RIVERWALK FORT LAUDERDALE, INC.**Current Principal Place of Business:**300 SW 2 STREET  
SUITE #9  
FORT LAUDERDALE, FL 33312**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 68  
FORT LAUDERDALE, FL 33302**New Mailing Address:****FEI Number:** 65-0112666**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ORTNER, KENNETH A CPA  
1119 SE 3 AVE.  
FORT LAUDERDALE, FL 33316 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:** VOGEL, TOM  
**Address:** 305 S. ANDREWS AVE., #801  
**City-St-Zip:** FORT LAUDERDALE, FL 33301**Title:** VD ( ) Delete  
**Name:** STRAWBRIDGE, SCOTT  
**Address:** 2901 NE 33 AVE., #2C  
**City-St-Zip:** FT. LAUDERDALE, FL 33308**Title:** SD ( ) Delete  
**Name:** ANDERSON, PETER  
**Address:** 200 E. BROWARD BLVD., STE 100  
**City-St-Zip:** FORT LAUDERDALE, FL 33301**Title:** TD ( ) Delete  
**Name:** DEMOS, PATRICE  
**Address:** 1100 E. LAS OLAS BLVD.  
**City-St-Zip:** FORT LAUDERDALE, FL 33301**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD (X) Change ( ) Addition  
**Name:** MANDEVILLE, LYNN  
**Address:** 4725 N FEDERAL HWY  
**City-St-Zip:** FORT LAUDERDALE, FL 33308**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: TOM VOGEL

PD

08/12/2009

Electronic Signature of Signing Officer or Director

Date