


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91216 020 \*\*\*\*61.25

<b>DOCUMENT # N32372</b>			
1. Entity Name OCEAN ISLE RIVERVIEW CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904 US		Mailing Address C/O PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US	
2. Principal Place of Business % American Condo Mgmt Suite, Apt. #, etc. 909 SE 47th Terr, #105 City & State CAPE CORAL, FL Zip 33904 Country		3. Mailing Address % American Condo Mgmt Suite, Apt. #, etc. PO Box 100399 City & State CAPE CORAL, FL Zip 33904 Country	
04272004		Chg-NP	CR2E037 (10/03)
4. FEI Number 65-0120016		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, PHILIP % PROFESSIONALLY YOURS, INC. 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name <u>SUSAN KASE</u> Street Address (P.O. Box Number is Not Acceptable) <u>% AMERICAN Condominium Mgmt</u> <u>909 SE 47th Terr, # 105</u> City <u>CAPE CORAL</u> <u>FL</u> Zip Code <u>33904</u>	
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 <u>Susan Kase</u> <u>SUSAN KASE</u> <u>4/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ECCLES, MICHELE 1950 BEACH PKWY #202 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLWOOD, DAVID 1936 BEACH PKWY #111 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UDELL, KATHRYN 1936 BEACH PKWY #210 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHN VEROLA 1942 Beach PKWY, #208 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 like empowered.			
SIGNATURE: <u>Michele Eccles</u> <u>MICHELE Eccles</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

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