

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 13, 2007
Secretary of State**

DOCUMENT# N32372

Entity Name: OCEAN ISLE RIVERVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MGT INC
3440 MARINATOWN LANE #203
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MGT INC
P.O. BOX 1848
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0120016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MGT INC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 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: VSTD () Delete
Name: ALCUS, RONALD
Address: 15 INLET DRIVE
City-St-Zip: LINDENHURST, NY 11757 US

Title: PD () Delete
Name: ELLWOOD, DAVID
Address: 1936 BEACH PKWY #111
City-St-Zip: CAPE CORAL, FL 33904 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ALCUS, RONALD
Address: 15 INLET DRIVE
City-St-Zip: LINDENHURST, NY 11757 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD () Change (X) Addition
Name: LAUNDRA, JOHN
Address: 1950 BEACH PARKWAY #203
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID ELLWOOD

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date