


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90200 006 \*\*\*\*61.25

<b>DOCUMENT # N34725</b>	
1. Entity Name RIVER HAVEN CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business RIVER HAVEN CONDO ASSN 4821 CORONADO PKWY CAPE CORAL, FL 33904 US	Mailing Address RIVER HAVEN CONDO ASSN P O BOX 101448 CAPE CORAL, FL 33910 US
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*H0070095*



2. Principal Place of Business <i>American Condo Management, Inc.</i> Suite, Apt. #, etc. <i>909 SE 47th TERR, Ste #105</i>	3. Mailing Address <i>American Condo Management, Inc.</i> Suite, Apt. #, etc. <i>P.O. Box 100399</i>
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03142005 Chg-NP CR2E037 (10/03)

City & State <i>CAPE CORAL, FL.</i>	City & State <i>CAPE CORAL, FL.</i>
Zip <i>33904</i>	Country <i>USA</i>
Zip <i>33910</i>	Country <i>USA</i>

4. FEI Number  
65-0250242

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WASSBERG, CURTIS 1303 SE 34TH TERR CAPE CORAL, FL 33904	
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7. Name and Address of New Registered Agent	
Name <i>SUSAN KASE</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>909 SE 47th TERR</i>	
Suite # <i>#105</i>	
City <i>CAPE CORAL</i>	FL Zip Code <i>33904</i>

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 *Susan Kase* *4/23/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, RICHARD D. 923 HURON ROAD FRANKLIN LAKES, NJ <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 SAND, MARC P. DR. 4TH AVE CHRISTIAN PFISTE STRASBOURG, FRANCE, <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	TD LAWRENCE, JAMES M. 1631 N STARBOARD PORT CLINTON, OH <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	SD DAVIS, FRED 1634 BEACH PKWY #101 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <i>DEAN ORLEY</i> <i>1634 BEACH PKWY #101</i> <i>CAPE CORAL, FL. 33904</i> <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. Lawrence* *Treasurer* *March 28* *239.540.8414*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #