2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N34725

Entity Name: RIVER HAVEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

615 CAPE CORAL PKWY WEST
SUITE 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

AMERICAN CONDO MANAGEMENT, INC.
PO BOX 100399
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 65-0250242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN
615 CAPE CORAL PKWY WEST
SUITE 103
CAPE CORAL, FL 33914 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:	THOMAS, RICHARD D.	
Address:	923 HURON ROAD	
City-St-Zip:	FRANKLIN LAKES, NJ	
Title:	VD	( ) Delete
Name:	SAND, MARC P. DR.	
Address:	4TH AVE CHRISTIAN PFISTE	
City-St-Zip:	STRASBOURG, FRANCE,	
Title:	TD	( ) Delete
Name:	LAWRENCE, JAMES M.	
Address:	1631 N STARBOARD	
City-St-Zip:	PORT CLINTON, OH	
Title:	SD	( ) Delete
Name:	ORLEY, DEAN	
Address:	1634 BEACH PKWY #101	
City-St-Zip:	CAPE CORAL, FL 33904	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RICHARD D. THOMAS PRES 04/24/2009

Electronic Signature of Signing Officer or Director — Date