2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37847

1. Entity Name
RIVER FALLS ESTATES ASSOC... INC.



FILED Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90251 022 ****61.25

RIVERFA	ALLO ESTATES ASSOC.,									
POST OFFICE BOX 1611		POST OF	Mailing Address POST OFFICE BOX 1611 COCOA BEACH, FL 32932-1611 US			40000355				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing	Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007 _C	hg-NP	CR2E037	7 (12/06)		
City & State		City & State				4. FEI Number 59-301602	 ?2			oplied For ot Applicable
Zip	Country	Žip		Country		5. Certificate of S			8.75 Add	litional
	6. Name and Address of Currer	nt Registered A	gent			7. Name and Add	Iress of New Re	egistered A	gent	
MOURIS, INGE				Name						
30 RIVER FALLS DRIVE COCOA BEACH, FL 32931					Street Address (P.O. Box Number is Not Acceptable)					
	±			City				FL	Zip Cod	Ð
	named entity submits this statement tions of registered agent.	for the purpose	of changing its re	egistered office	or register	red agent, or both, in	the State of Flor	rida. I am fa	miliar with,	and accept
	•									
, SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicab	le. (NOTE: F	Registered Agent sign	ature required	d when reinstating)		DATE		
SIGNATURE .					ature required		Ma		payable to	·····
•	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007		9. Election Camp	paign Financing	ature required	\$5.00 May Be Added to Fees		DATE ake check da Departr		
10	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Flori	ake check da Departr RS AND DIRI	ment of SI	t ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _>

INGE MOUR