


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N37847 1. Entity Name RIVER FALLS ESTATES ASSOC., INC.	
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Principal Place of Business POST OFFICE BOX 1611 COCOA BEACH, FL 32932-1611 US	Mailing Address POST OFFICE BOX 1611 COCOA BEACH, FL 32932-1611 US
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01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3016022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOURIS, INGE
 30 RIVER FALLS DRIVE
 COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000795598
 01/28/08-80054-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOURIS, INGE 30 RIVER FALLS DRIVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARY, MONAI 24 RIVER FALLS DR COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, JAMES 38 RIVER FALLS DRIVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MONAI, JOANN 24 RIVER FALLS DR COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Mouris Jan. 17, 2008 (321) 783-6509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #