

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37847

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** RIVER FALLS ESTATES ASSOC., INC.

**Current Principal Place of Business:**

30 RIVER FALLS DRIVE  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1611  
COCOA BEACH, FL 329321611 US

**New Mailing Address:**

**FEI Number:** 59-3016022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOURIS, INGE  
30 RIVER FALLS DRIVE  
COCOA BEACH, FL 32931 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  
Name: MOURIS, INGE  
Address: 30 RIVER FALLS DRIVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: VD  
Name: GARY, MONAI  
Address: 24 RIVER FALLS DR  
City-St-Zip: COCOA BEACH, FL 32931

Title: TD  
Name: WALKER, JAMES  
Address: 38 RIVER FALLS DRIVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: SEC  
Name: MONAI, JOANN  
Address: 24 RIVER FALLS DR  
City-St-Zip: COCOA BEACH, FL 32931

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES A WALKER

TD

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date