


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N44970</b> 1. Entity Name RIVERWALK PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business PALM STATE MANAGEMENT 6385 PRESIDENTIAL CT #101 FORT MYERS, FL 33919 US	Mailing Address 6385 PRESIDENTIAL CT STE 101 FORT MYERS, FL 33919 US
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05052006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0321952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

COPELAND, WILLIAM G  
6385 PRESIDENTIAL CT  
STE 101  
FORT MYERS, FL 33919

**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 reconstituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSEN, ANDY 10481 SIX MILE CYPRESS FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAR, GABRIEL 11030 N KENDALL DR #100 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANZIG, MIKE 8540 COLLEGE PKWY FORT MYERS, FL 33919
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000566026  
05/25/06-80001-009 61.25

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/5/06** Daytime Phone #