2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

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Entity Name: RIVER'S REACH II AT COUNTRY CREEK, INC.

Current Principal Place of Business:

P & M PROPERTY MANAGEMENT
14360 S TAMIAMI TRAIL, UNIT B
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

P & M PROPERTY MANAGEMENT
14360 S TAMIAMI TRAIL, UNIT B
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0560489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, PAUL
P & M PROPERTY MANAGEMENT
14360 S TAMIAMI TRAIL, UNIT B
FORT MYERS, FL 33912 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:	DAUGHTERY, ROBERT	
Address:	207100 COUNTRY CREEK DR #814	
City-St-Zip:	ESTERO, FL 33928	
Title:	D	( ) Delete
Name:	HOLTHOFER, JEANETTE	
Address:	20760 COUNTRY CREEK DR #612	
City-St-Zip:	ESTERO, FL 33928	
Title:	D	( ) Delete
Name:	MILLER, DONALD	
Address:	20730 COUNTRY DREEK DR, # 715	
City-St-Zip:	ESTERO, FL 33928	
Title:	T	( ) Delete
Name:	NORMAN, PETER	
Address:	20670 COUNTRY CREEK DRIVE, # 921	
City-St-Zip:	ESTERO, FL 33928	
Title:	SD	( ) Delete
Name:	FOSTER, MILTON	
Address:	20640 COUNTRY CREEK DR #1025	
City-St-Zip:	ESTERO, FL 33928	

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:	
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: PAUL SAPP CFPM 03/04/2009

Electronic Signature of Signing Officer or Director — Date