



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000003066	
1. Entity Name THE RIVERS BOAT BASIN PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 1406 SE 46TH LANE UNIT 4 CAPE CORAL, FL 33904 US	Mailing Address 1406 SE 46TH LANE UNIT 4 CAPE CORAL, FL 33904 US
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DO NOT WRITE IN THIS SPACE

	
01082007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0652219	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  LYNN, KIRBY 1406 SE 46TH LANE UNIT 4 CAPE CORAL, FL 33904
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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 _____	DATE _____
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000632205 02/21/07-80012-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRBY, LYNN A 1406 SW 46TH LANE #4 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN 302 WASHINGTON AVE FEXT ALBANY, NY 12203
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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: 	LYNN A. KIRBY	1/09/07	239.542.5430
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>