


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90012 005 ****61.25

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 9411 CYPRESS LAKES BLVE, SUITE 2 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
LYNN, KIRBY 1406 SE 46TH LANE UNIT 4 CAPE CORAL, FL 33904			Name <i>Patricia Schoo</i> Street Address (P.O. Box Number is Not Acceptable) <i>40 Schoo Management</i> <i>9411-2 Cypress Lake Dr</i> City <i>Ft Myers</i> FL Zip Code <i>33919</i>		
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 <i>Patricia Schoo</i> COM <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, LYNN A		NAME		
STREET ADDRESS	1406 SE 46TH LANE #4		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	Pres	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN		NAME		
STREET ADDRESS	302 WASHINGTON AVE FEXT		STREET ADDRESS		
CITY-ST-ZIP	ALBANY, NY 12203		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bruce Mc Abery	
STREET ADDRESS			STREET ADDRESS	4015 SE 20th PL #203	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete	TITLE	STX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	David Osborne	
STREET ADDRESS			STREET ADDRESS	51190 Birch Rd	
CITY-ST-ZIP			CITY-ST-ZIP	FRANK IN 46530	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Bruce Mc Abery</i>			Date <i>4/21/08</i> Daytime Phone # <i>239-481-4700</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					