

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90373 029 ****61.25

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1. Entity Name
**RIVERVIEW AT GRAND HARBOR CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**C/O A.R. CHOICE MGMT
333 17TH ST
VERO BEACH, FL 32960 US**

Mailing Address
**C/O A.R. CHOICE MGMT
333 17TH ST
VERO BEACH, FL 32960 US**



2. Principal Place of Business
**333 17th street
Suite 2L**

3. Mailing Address
**333 17th street
Suite 2L**

01032006 Chg-NP CR2E037 (11/05)

City & State
Vero Beach, FL
Zip
32960 Country
US

City & State
Vero Beach, FL
Zip
32960 Country
US

4. FEI Number
65-0681023

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TULLOCH, VICKI
5250 E HARBOR DR #302
VERO BEACH, FL 32967**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Vicki Tulloch (Virginia C. Tulloch)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
TULLOCH, V C
333 17TH ST STE 2L
VERO BEACH, FL 32960** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SULLIVAN, J
333 17TH ST STE 2L
VERO BEACH, FL 32960** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
Haraway, William
333 17th street, Suite 2L
Vero Beach, FL 32960** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
TRAVAGLIANTI, E.
333 17TH ST STE 2L
VERO BEACH, FL 32960** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Virginia C. Tulloch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/06 172-567-0808