

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002474

FILED
Feb 25, 2009
Secretary of State

Entity Name: THE RIVER TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE, #203
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
PO BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 65-0971517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

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: CHAD VAN TILBURG

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSELL, GLEN
Address: 3595 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: VD () Delete
Name: HAYES, MATTHEW
Address: 3571 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

Title: STD () Delete
Name: SCHWARTZEL, CHARLOTTE
Address: 3573 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: QUE, ROSE
Address: 3565 EDGEWOOD AVE
City-St-Zip: FORT MYERS, FL 33916

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: GLEN RUSSELL

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date