

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004198

FILED
Jan 22, 2005
Secretary of State

Entity Name: RIVER-GOLF TOWNHOUSES ASSOCIATION, INC.

Current Principal Place of Business:

2430 S PENINSULA DRIVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

P O B 7203
DAYTONA BEACH, FL 32116

New Mailing Address:

FEI Number: 59-3482963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOPORIS, CHRISTOPHER C
2430 S PENINSULA DRIVE
DAYTONA BEACH, FL 32118 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: DV () Delete
Name: CHOPORIS, CHRISTOPHER C
Address: 2430 S PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DST () Delete
Name: KLEM, PHIL
Address: 2430 S PENINSULA DR
City-St-Zip: BOYTON BEACH, FL

Title: PD () Delete
Name: HAWKS, JIM
Address: 27435 ST. LUCIE LANE
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: SD () Delete
Name: GREEN, BARBARA
Address: 39 TWIN RIVER DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER CHOPORIS

TRS.

01/22/2005

Electronic Signature of Signing Officer or Director

Date