

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005065	
1. Entity Name RIVERFRONT PLAZA OWNERS ASSOCIATION, INC.	
Principal Place of Business 300 S HARBOR CITY BLVD MELBOURNE, FL 32901 US	Mailing Address 300 S HARBOR CITY BLVD MELBOURNE, FL 32901 US



02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3534565	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 DETTMER, DALE A 780 S APOLLO BLVD MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRENNAN, WILLIAM T 300 S HARBOR CITY BLVD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST DICK, JEFFREY S 300 S HARBOR CITY BLVD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, COY A 575 S WICKHAM ROAD SUITE E W. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000830857
02/26/08-80101-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/08

Date

321-953-2265

Daytime Phone #