2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# N99000006680

Entity Name: RIVERBEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

232 RIVERBEACH DR STE B
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

232 RIVERBEACH DR STE B
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 42-1648027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTROPIERRO, RAFAELLA
232 RIVER BEACH DR
SUITE B
ORMOND BEACH, FL 32176 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: PD ( ) Delete
Name: MASTROPIERRO, RAFAELLA
Address: 595 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: STD ( ) Delete
Name: MASTROPIERRO, JOHN N
Address: 232 RIVER BEACH DR.,STE.B
City-St-Zip: ORMOND BEACH, FL 32176

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MASTROPIERRO, RAFAELLA
Address: 595 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: STD (X) Change ( ) Addition
Name: MASTROPIERRO, JOHN N
Address: 232 RIVER BEACH DR.,STE.B
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: D ( ) Change (X) Addition
Name: MASTROPIERRO, MICHELLE A
Address: 45 PLEASANT DR
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN MASTROPIERRO STD 01/18/2007

Electronic Signature of Signing Officer or Director — Date