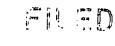
2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000105092 1. Entity Name RIVERWIND AT ALAFAYA TRAIL, INC.

Principal Place of Business

3600 NW 43RD ST SUITE C-1 GAINESVILLE, FL 32606 Mailing Address

3600 NW 43RD ST SUITE C-1 GAINESVILLE, FL 32606



06 MAY -9 AM 11: 16

SECHETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3680342

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KISSEL, WALDEMAR F JR 3600 NW 43RD ST SUITE C-1 GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

	·			IIN	I MIS SPACE
	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	nth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	1 Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KISSEL, WALDEMAR F JR 3600 NW 43RD STREET, SUITE C1 GAINESVILLE, FL 32606			90	00074666769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KISSEL, MELVA 3600 NW 43RD STREET, SUITE C1 GAINESVILLE, FL 32606		05/16/0601033015 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME ' STREET ADDRESS CITY-ST-ZIP					
TITLE			i i		

12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaggregativity an address, with all other/like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP

aldina Linul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

WALDEMAR F. KISSEL JR

352-313.3979

Daytime Phone #