

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017502

FILED
Apr 03, 2009
Secretary of State

Entity Name: RIVER EDGE PLANTATION COMPANY

Current Principal Place of Business:

800 W CYPRESS CREEK ROAD SUITE 465
WACHOVIA BANK BUILDING
FT LAUDERDALE, FL 33309

New Principal Place of Business:

1250 GALLEON DRIVE
NAPLES, FL 33939 US

Current Mailing Address:

800 W CYPRESS CREEK ROAD SUITE 465
WACHOVIA BANK BUILDING
FT LAUDERDALE, FL 33309

New Mailing Address:

1250 GALLEON DRIVE
NAPLES, FL 33939 US

FEI Number: 58-2683772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGEL, LARRY
800 W. CYPRESS CREEK ROAD, SUITE 465
WACHOVIA BANK BUILDING
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: LYNN CANNELONGO - ANIKO BOULEY, AUTH SIGN.

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ASAT () Delete
Name: LEGEL, LARRY
Address: 800 W CYPRESS CREEK ROAD SUITE 470
City-St-Zip: FT LAUDERDALE, FL 33309

Title: DPST () Delete
Name: REYNAERT, JEROME
Address: PO BOX 1059
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: STERLACCI, JOSEPH M
Address: 14130 DUKE WAY
City-St-Zip: ALVA, FL 33920

Title: D (X) Delete
Name: HOPKINS, WILLIAM F JR
Address: 1250 GALLEON DR, #104
City-St-Zip: NAPLES, FL 33939

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: HOPKINS, WILLIAM F JR.
Address: 1250 GALLEON DRIVE
City-St-Zip: NAPLES, FL 33939 US

Title: CEO (X) Change () Addition
Name: HOPKINS, WILLIAM F JR.
Address: 1250 GALLEON DRIVE
City-St-Zip: NAPLES, FL 33939 US

Title: D (X) Change () Addition
Name: HOPKINS, WILLIAM F JR.
Address: 1250 GALLEON DRIVE
City-St-Zip: NAPLES, FL 33939 US

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANIKO BOULEY, AUTHORIZED SIGNATORY

CP

04/03/2009

Electronic Signature of Signing Officer or Director

Date