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**FILED**  
**Feb 02, 1999 8:00am**  
**Secretary of State**

02-02-1999 90016 040 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 706361

1. Corporation Name  
**RIVERSIDE IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business: 25 VAN ROAD JUPITER FL 33469  
 Mailing Address: 25 VAN ROAD JUPITER FL 33469



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/01/1963
22	City & State	City & State	4. FEI Number
	Zip	Country	59-6200172
23	Country	Country	Applied For
			Not Applicable
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUDOLPH, MARY 10 W VAN RD JUPITER FL 33469		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOPH, MARY	1.2 NAME	
STREET ADDRESS	10 W VAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33469	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYLWARD, MILDRED	2.2 NAME	
STREET ADDRESS	359 SATURN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFMEISTER, ELIZA	3.2 NAME	
STREET ADDRESS	205 CIRCLÉ W	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUIRE, NANCY	4.2 NAME	
STREET ADDRESS	105 VAN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33469	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURRALL, IRIS	5.2 NAME	
STREET ADDRESS	1611 VENUS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33469	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYKE, PETER	6.2 NAME	
STREET ADDRESS	1506 VENUS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33469	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 of Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Rudolph* SIGNATURE REQUIRED: *Mary Rudolph* Date: 1/15/99 Daytime Phone #: (561) 746-8011

CR2E037 (1/98)