

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706361

1. Entity Name

RIVERSIDE IMPROVEMENT ASSOCIATION, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90079 037 ****61.25

Principal Place of Business 25 VAN ROAD JUPITER FL 33469	Mailing Address 25 VAN ROAD JUPITER FL 33469-3125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Same	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-6200172	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RUDOLPH, MARY
 10 W VAN RD
 JUPITER FL 33469

7. Name and Address of New Registered Agent

Name: Mildred Aylward
 Street Address (P.O. Box Number is Not Acceptable): 359 Saturn Ave.
 City: Tequesta FL Zip Code: 33469

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.

SIGNATURE: Mildred L. Aylward (MILDRED L. AYLWARD) DATE: 2/8/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RUDOPH, MARY	
STREET ADDRESS	10 W VAN RD	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	AYLWARD, MILDRED	
STREET ADDRESS	359 SATURN AVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOFMEISTER, ELIZA	
STREET ADDRESS	205 CIRCLE W	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAGUIRE, NANCY	
STREET ADDRESS	105 VAN RD	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURRALL, IRIS	
STREET ADDRESS	1611 VENUS AVE	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMYKE, PETER	
STREET ADDRESS	1506 VENUS AVE	
CITY-ST-ZIP	JUPITER FL 33469	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aylward, Mildred	
STREET ADDRESS	359 Saturn Ave	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manner, Bette	
STREET ADDRESS	75 Yacht Club Place	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rooney Alice	
STREET ADDRESS	4942 Windward Ave	
CITY-ST-ZIP	Tequesta FL. 33469	
TITLE	T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maguire, Nancy	
STREET ADDRESS	105 Van Rd.	
CITY-ST-ZIP	Jupiter FL 33469	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turrall, Iris	
STREET ADDRESS	1611 Venus Ave	
CITY-ST-ZIP	Jupiter, FL 33469	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smyka, Peter	
STREET ADDRESS	1506 Venus Ave	
CITY-ST-ZIP	Jupiter, FL 33469	

12. 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 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: Mildred L. Aylward DATE: 2/8/00 DAYTIME PHONE #: 561-746-7551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)