


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90062 002 ****61.25

DOCUMENT # 706361

1. Entity Name
RIVERSIDE IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
**25 VAN ROAD
 JUPITER, FL 33469**

Mailing Address
**P.O. BOX 3224
 JUPITER, FL 33469**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3224
 Suite, Apt. #, etc.

03162005 Chg-NP CR2E037 (10/03)

City & State
TEQUESTA, FL

Zip
33469

4. FEI Number
59-6200172

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
**COLLINS, ED
 1506 BERKSHIRE AVE.
 JUPITER, FL 33469**

7. Name and Address of New Registered Agent:
 Name **ROBERT MANGOGNA**
 Street Address (P.O. Box Number is Not Acceptable)
2 WINDSOR RD WEST
 City **JUPITER** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert P. Mangogna* DATE 3/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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


Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, ED 1506 BERKSHIRE AVE. JUPITER, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT MANGOGNA 2 WINDSOR RD. WEST JUPITER, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GEBAUER, PETER 1507 BERKSHIRE AVE. JUPITER, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LINDA JOHNSON 1604 BERKSHIRE AVE JUPITER, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIPOLLA, PHILIP 1420 BERKSHIRE AVE. JUPITER, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVE MOCHEN 1611 BERKSHIRE AVE JUPITER, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANGOGNA, ROBERT 2 W. WINDSOL RD. JUPITER, FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LAURA FLANAGAN 1601 SUMMER AVE JUPITER, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAGGIE BACKMAN 25 VAN RD JUPITER, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANE BETZ 1516 VENUS AVE JUPITER, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Robert P. Mangogna* **ROBERT P. MANGOGNA** DATE 3/16/05 (361)881-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03162005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-6200172			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, ED 1506 BERKSHIRE AVE. JUPITER, FL 33469			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, ED		NAME	MARK POWELL	
STREET ADDRESS	1506 BERKSHIRE AVE.		STREET ADDRESS	19 BEVERLY RD EAST	
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBAUER, PETER		NAME		
STREET ADDRESS	1507 BERKSHIRE AVE.		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPOLLA, PHILIP		NAME		
STREET ADDRESS	1420 BERKSHIRE AVE.		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGOGNA, ROBERT		NAME		
STREET ADDRESS	2 W. WINDSOL RD.		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

40040599

