
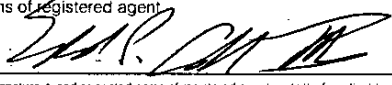
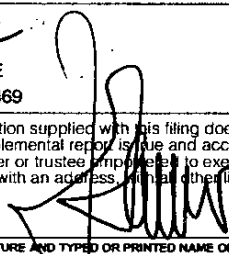


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90045 030 ****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 TEQUESTA, FL 33469		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6200172	
				Applied For 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		
MANGOGNA, ROBERT 2 WINDSOR RD WEST JUPITER, FL 33469			Name ED COLLINS		
			Street Address (P.O. Box Number is Not Acceptable) 1506 BERKSHIRE AVE		
			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: 				3/15/06	
Signature, typed or printed name of registered agent and title if applicable. ED COLLINS				(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGOGNA, ROBERT		NAME	EDWARD COLLINS	
STREET ADDRESS	2 WINDSOR RD WEST		STREET ADDRESS	1506 BERKSHIRE AVE	
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, LINDA		NAME	CLIFFORD CURTIS	
STREET ADDRESS	1604 BERKSHIRE AVE		STREET ADDRESS	1517 BERKSHIRE AVE	
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOCHEN, STEVE		NAME	PETER GEBAUER	
STREET ADDRESS	1611 BERKSHIRE AVE		STREET ADDRESS	1507 BERKSHIRE AVE	
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANAGAN, LAURA		NAME	PHILIP LIPOLLA	
STREET ADDRESS	1601 SUMMER AVE		STREET ADDRESS	1420 BERKSHIRE AVE	
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACKMAN, AGGIE		NAME	BETH THOMAS	
STREET ADDRESS	24 VAN RD		STREET ADDRESS	1523 BERKSHIRE AVE	
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETZ, BLANE		NAME		
STREET ADDRESS	1516 VENUS AVE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, in full, other like empowered.					
SIGNATURE: 				Date 3/15/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETER GEBAUER, SECRETARY				Daytime Phone # 561-748-7536	

50004095



03142006 Chg-NP CR2E037 (11/05)