

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706361

FILED
Mar 30, 2009
Secretary of State

Entity Name: RIVERSIDE IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

25 VAN ROAD
JUPITER, FL 33469

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3224
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 59-6200172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOCHEN, STEVE
1611 BERKSHIRE AVE.
JUPITER, FL 33469 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOCHEN, STEVE
Address: 1611 BERKSHIRE AVE.
City-St-Zip: JUPITER, FL 33469

Title: VD () Delete
Name: WATERS, MELINDA
Address: 1422 SUMMER AVENUE
City-St-Zip: JUPITER, FL 33469

Title: SD () Delete
Name: JOHNSON, LINDA
Address: 1604 BERKSHIRE AVE.
City-St-Zip: JUPITER, FL 33469

Title: TD () Delete
Name: FLANAGAN, LAURA
Address: 1601 SUMMER AVE
City-St-Zip: JUPITER, FL 33469

Title: D () Delete
Name: EISENBACK, DAVE
Address: 106 VAN ROAD
City-St-Zip: JUPITER, FL 33469

Title: D () Delete
Name: FUNK, JESSE
Address: 1600 TREEMONT AVE.
City-St-Zip: JUPITER, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: BACKMAN, AGGIE
Address: 25 VAN ROAD
City-St-Zip: JUPITER, FL 33469

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

SIGNATURE: STEVE MOCHEN

PD

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date