FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -5 PM 12:01

DOCUMENT # 715046 (9)

1. Corporation Name
THE RIVERSIDE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1035 GRANADA AVENUE MERRITT ISLAND FL 32952	1035 GRANADA AVENUE MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1968
3a. Date of Last Report: 02/04/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COOK, WILBUR T
60 BARCELONA BLVD
MERITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: SMITH, SUE
82 Street Address (P.O. Box Number is Not Acceptable): 1085 CARRIGAN BLVD
83: MERRITT ISLAND, 32952
84 City: FL 85 Zip Code: 32952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sue Smith SUE SMITH 1-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	P	☒ Change ☐ Addition
NAME	COOK, WILBUR	1.2 NAME	SUE SMITH	
STREET ADDRESS	60 BARCELONA BLVD	1.3 STREET ADDRESS	1085 Carrigan Blvd	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	1.4 CITY-ST-ZIP	Merritt Island, Fl. 32952	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	KIRK, GREG	2.2 NAME	ELEBASH, Al	
STREET ADDRESS	BARRIGAN BLVD	2.3 STREET ADDRESS	1050 Carrigan Blvd	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	Merritt Island, Fl 32952	
TITLE	DS	3.1 TITLE	S	☒ Change ☐ Addition
NAME	RYAN, ANDREA	3.2 NAME	KIRK, Ann	
STREET ADDRESS	85 CARRIGAN BLVD	3.3 STREET ADDRESS	1095 Carrigan Blvd	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Merritt Island, Fl 32952	
TITLE	P	4.1 TITLE	T	☒ Change ☐ Addition
NAME	FRIEND, CLINE	4.2 NAME	GILBERT, Gladys	
STREET ADDRESS	1115 CARRIGAN BLVD	4.3 STREET ADDRESS	1090 Carrigan Blvd	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	Merritt Island, Fl 32952	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GIBSON, PAULINE	5.2 NAME	WICKERSHAM, Karen	
STREET ADDRESS	1035 CARRIGAN BLVD	5.3 STREET ADDRESS	110 Carrigan Blvd	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	Merritt Island, Fl 32952	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MORGAN, JAMES	6.2 NAME	GUNN, Joan	
STREET ADDRESS	205 CARRIGAN BLVD	6.3 STREET ADDRESS	1055 Carrigan Blvd	
CITY-ST-ZIP	MERRITT ISLAND FL	6.4 CITY-ST-ZIP	Merritt Island, Fl 32952	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue Smith Sue SMith 1-26-95 407-453-4420
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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