

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90055 032 ****61.25

DOCUMENT # 715046	
1. Entity Name THE RIVERSIDE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 1035 GRANADA AVENUE MERRITT ISLAND, FL 32952	Mailing Address 1035 GRANADA AVENUE MERRITT ISLAND, FL 32952
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02032005 No Chg-NP CR2E037 (10/03)

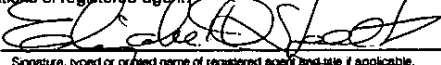
4. FEI Number 51-0182710	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
REPANSHEK, JOHN 60 BARCELONA AVE. MERRITT ISLAND, FL 32952	ELIZABETH HEDLESTON 1155 CARRIGAN BLVD MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

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  ELIZABETH HEDLESTON 03-05-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

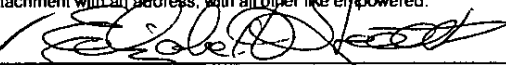
**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, DONNA 75 GRANADA AVE. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, LEONARD 90 CARRIGAN CT. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS P HEDLESTON, LIZ 1155 CARRIGAN BLVD. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REPANSHEK, JOHN 60 BARCELONA AVE. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, WENDY 50 ALHAMBRA DR. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTTRELL, AUDREY 90 CARRIGAN BLVD. MERRITT ISLAND, FL 32952

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IN THIS SPACE**

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:  03-05-05 321-631-8019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #