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	Mailing Address
1035 GRANADA AVENUE MERRITT ISLAND, FL 32952	1035 GRANADA AVENUE MERRITT ISLAND, FL 32952

02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0182710
☐ Applied For
☐ Not Applicable

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

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

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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	T
NAME	YOUNG, DONNA
STREET ADDRESS	75 GRANANDA AVE.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	RICE, LEONARD
STREET ADDRESS	90 CARRIGAN CT.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	~~VPD~~ P
NAME	HEDLESTON, LIZ
STREET ADDRESS	1155 CARRIGAN BLVD.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	P
NAME	REPANSHEK, JOHN
STREET ADDRESS	60 BARCELONA AVE.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	WATTERS, WENDY
STREET ADDRESS	50 ALHAMBRA DR.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	S
NAME	COTTRELL, AUDREY
STREET ADDRESS	90 CARRIGAN BLVD.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

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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 #