

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

03-27-2003 90105 022 ****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**

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 **51-0182710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, GAY
35 GRANADA AVE
MERRITT ISLAND FL 32952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Gay Moore, Gay Moore President

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	TD SMITH, LEISA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1050 CARRIGAN BLVD MERRITT ISLAND FL 32952	
TITLE NAME	SD RICE, LEONARD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	80 CARRIGAN CT MERRITT ISLAND FL 32952	
TITLE NAME	VP WATTERS, WENDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	50 ALHAMBRA AVE MERRITT ISLAND FL 32952	
TITLE NAME	PD MOORE, GAY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	35 GRANADA AVE MERRITT ISLAND FL 32952	
TITLE NAME	D BIRNHAK, BARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	65 CARRIGAN BLVD. MERRITT ISLAND FL 32952	
TITLE NAME	D HEDLESTON, LIZ	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1135 CARRIGAN BLVD. MERRITT ISLAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPB Tom Bateman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1130 Granada Ave Merritt Island, FL 32952	
TITLE NAME	D Ed Jaynes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1035 Carrigan Blvd Merritt Island, FL 32952	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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: Gay Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)