

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90006 048 ****70.00

DOCUMENT # 742683

1. Entity Name
RIVERVIEW CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
**3210 NORTH HARBOR CITY BLVD.
MELBOURNE, FL 32935**

Mailing Address
**3210 NORTH HARBOR CITY BLVD.
MELBOURNE, FL 32935**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1915132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SYDA, DOUGLAS L
3210 N HARBOR CITY BLVD #210
MELBOURNE, FL 32935**

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

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SYDA, DOUGLAS
STREET ADDRESS 3210 N. HARBOR CITY BLVD. #210
CITY- ST- ZIP MELBOURNE, FL 32935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SD ☐ Delete
NAME PANIK, DIANA
STREET ADDRESS 3210 N HARBOR CITY BLVD #306
CITY- ST- ZIP MELBOURNE, FL 32935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☒ Delete
NAME DILUZIO, MARLENE
STREET ADDRESS 3210 N. HARBOR CITY BLVD, #318
CITY- ST- ZIP MELBOURNE, FL 32935

TITLE TD ☐ Change ☒ Addition
NAME CHARTIER, HAROLD R.
STREET ADDRESS 3210 N. HARBOR CITY BLVD. #321
CITY- ST- ZIP MELBOURNE FL 32935

TITLE VD ☒ Delete
NAME SILVA, ANITA
STREET ADDRESS 3210 N. HARBOR CITY BLVD. #305
CITY- ST- ZIP MELBOURNE, FL 32935

TITLE D ☐ Change ☒ Addition
NAME BAUER, NOEL C.
STREET ADDRESS 3210 N. HARBOR CITY BLVD. #207
CITY- ST- ZIP MELBOURNE FL 32935

TITLE D ☐ Delete
NAME KORONA, PATRICIA
STREET ADDRESS 3210 N HARBOR CITY BLVD #120
CITY- ST- ZIP MELBOURNE, FL 32935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME VASTOLA, DANIEL
STREET ADDRESS 3210 N. HARBOR CITY BLVD #307
CITY- ST- ZIP MELBOURNE, FL 32935

TITLE VD ☒ Change ☐ Addition
NAME VASTOLA, DANIEL A.
STREET ADDRESS 3210 N. HARBOR CITY BLVD. #307
CITY- ST- ZIP MELBOURNE FL 32935

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Douglas I. Syda*
DOUGLAS I. SYDA

14 JAN 2008

321-288-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

PAGE 2 - ATTACHMENT

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1915132	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State FL	
Zip Code				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D ISBELLE, VIRGINIA M. 3210 N. HARBOR CITY BLVD. #223 MELBOURNE FL 32935		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
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SIGNATURE: <u>Douglas J. Syda</u> DOUGLAS J. SYDA					
14 JAN 2008					

we have seven (?)
Board members.

40005177