


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756305 (9)
 1. Corporation Name
RIVERSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2711 NORTH HALIFAX AVE. DAYTONA BEACH FL 32118	Mailing Address 2711 NORTH HALIFAX AVE. DAYTONA BEACH FL 32118
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3. Date Incorporated or Qualified 02/11/1981	3a. Date of Last Report 06/28/1995
4. FEI Number 59-2088223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
 % HELENA G. MALCHOW, ESQ.
 901 N. LAKE DESTINY DR., SUITE 145
 MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	KLETZ, ESTHER
STREET ADDRESS	2711 N. HALIFAX AVE. # 489
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	GODWIN, PHILIP
STREET ADDRESS	2711 N. HALIFAX AVE.
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	DD <input checked="" type="checkbox"/> DELETE
NAME	FLAHERTY, PATRICIA
STREET ADDRESS	2711 N. HALIFAX AVE.
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	KOON, JAMES
STREET ADDRESS	2711 N. HALIFAX AVE.
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	SD <input type="checkbox"/> DELETE
NAME	JOSEPHSON, SLYMA
STREET ADDRESS	2711 N. HALIFAX AVE.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NORMAN E. KULL
1.3 STREET ADDRESS	2711 N. Halifax Ave. #483
1.4 CITY-ST-ZIP	Daytona Beach, Fl. 32118
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONALD E. HELING
2.3 STREET ADDRESS	2901 N. Halifax Ave. #223
2.4 CITY-ST-ZIP	Daytona Beach, Fl. 32118
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALLAN R. MAIER
3.3 STREET ADDRESS	2901 N. Halifax Ave. #204
3.4 CITY-ST-ZIP	Daytona Beach, Fl. 32118
4.1 TITLE	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ESTHER B. KLETZ
4.3 STREET ADDRESS	2711 N. Halifax Ave. #489
4.4 CITY-ST-ZIP	Daytona Beach, Fl. 32118
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** **6/12/96** **904-677-7572**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (3/96)