

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756305

1. Entity Name

RIVERSIDE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90184 045 ****61.25

Principal Place of Business

Mailing Address

2711 NORTH HALIFAX AVE.
 DAYTONA BEACH FL 32118

2711 NORTH HALIFAX AVE.
 DAYTONA BEACH FL 32118-3100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2088223

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAPER, CHRIS

901 N. LAKE DESTINY DR., SUITE 145
 MAITLAND FL 32751

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME MCKIERNAN, GERALD V
 STREET ADDRESS 2901 N HALIFAX AVE SUITE 208
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE Pres/D Change Additio
 NAME Seabrook, Louise
 STREET ADDRESS 2901 N. Halifax Ave
 CITY-ST-ZIP Daytona Bch, Fl. 32118

TITLE SD Delete
 NAME DONALD HELLING
 STREET ADDRESS 2901 N. HALIFAX AVE., #223
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE VP/D Change Additio
 NAME QSST. Secretary
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME LORETONI, MARIO
 STREET ADDRESS 2711 N HALIFAX AVE SUITE 486
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE Treasurer/D Change Additio
 NAME Kidd, Robert
 STREET ADDRESS 2901 N. Halifax Ave
 CITY-ST-ZIP Daytona Bch, Fl. 32118

TITLE VD Delete
 NAME MEEK, NORMAN
 STREET ADDRESS 2711 N HALIFAX AVE SUITE 272
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE 5/D Change Additio
 NAME Maier, Gertrude
 STREET ADDRESS 2901 N. Halifax Ave
 CITY-ST-ZIP Daytona Bch. Fl. 32118

TITLE D Delete
 NAME JOSEPHSON, SYLVIA S
 STREET ADDRESS 2711 N HALIFAX AVE SUITE 192
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE Change Additio
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Additio
 NAME
 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: *LOUISE M. SEABROOK* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

677-7572
 2/4/00