2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756305

1. Entity Name

RIVERSIDE CONDOMINIUM ASSOCIATION, INC.

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

	DE COMPONINTON ACCORT	.011, 1110		0	2-14-2000 90184	4 045 ***	*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		I				
				, 17 02 017	IARI ANTAR BINAR TURU JAIRU	OOL CHEN BLEN I	HEN ELEK ELE	12 0301 2 2002
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SP	ACE	
City & State		City & State		4. FEI Numb	er 59-2088223		<u>-</u>	plied For
Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Add	fitional
w	6. Name and Address of Current Ro	egistered Agent		7. Name and	Address of New Re		ent	<u> </u>
			Name		<u></u>			
DRAPER, CHRIS			Street Address (P.O. Box Number is Not Acceptable)					
	KE DESTINY DR., SUITE 145		City			_ _	Zip Code	
<u> </u>	FL 32751			- , - , - , - ,		FL		
8. The above	e named entity submits this statement for t	he purpose of changing its r	egistered office	or registered agent, or bo	th, in the state of Flori	ida.		
SIGNATURE	Signature, typed or printed name of registered agent and	title if anolinskie /NOTE:	Registered Agent size	ature required when reinstating)		DATE		
	olgradus, space of princes flame or regulative agent in a	(140-12)						
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5.0 Trust Fund Contribution.			00 May Be Make Check Payable to Department of State			
	-	· -	· ~	\$5.00 May Be Added to Fees				ı
10.	-	Trust Fund Contribu	· ~	Added to Fees ADDITIONS/CH		artment o	f State	
TITLE NAME	PD MCKIERNAN, GERALD V	Trust Fund Contribu	11.	Added to Fees ADDITIONS/CH	Dep ANGES TO OFFICER	artment o	f State	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #