

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90019 012 ****61.25

DOCUMENT # 756305

1. Entity 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**

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

DRAPER, CHRIS

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

7. Name and Address of New Registered Agent

Name

SAME

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

TITLE **PD** Delete
 NAME **SEABROOK, LOUISE**
 STREET ADDRESS **2901 N HALIFAX AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

TITLE **TD** Delete
 NAME **KIDD, ROBERT**
 STREET ADDRESS **2901 N HALIFAX AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **SD** Delete
 NAME **MEEK, NORMAN**
 STREET ADDRESS **2901 N HALIFAX AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** Change Addition
 NAME **Kull, Norman**
 STREET ADDRESS **2711 N. HALIFAX AVE. #483**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **DIRECTOR** Change Addition
 NAME **MAIER, GERTRUDE**
 STREET ADDRESS **2901 N. HALIFAX AVE. #204**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **SECRETARY & TREASURER** Change Addition
 NAME **KID, ROBERT**
 STREET ADDRESS **2711 N. HALIFAX AVE. #381**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** Change Addition
 NAME **Josephson, Sylvia S.**
 STREET ADDRESS **2711 N. Halifax Ave. #192**
 CITY-ST-ZIP **Daytona Beach FL 32118**

TITLE Change Addition
 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: **Sylvia S. Josephson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/01

CR2E037 (10/00)