


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90044 004 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

MOORE CR2E037 (11/03)

4. FEI Number **59-2088223** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**GOODWIN, MORRIS**  
**150 E DUNDEE RD**  
**STE A&B**  
**DAYTONA BEACH FL 32118**

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. 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 reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWEN, GLORIA	
STREET ADDRESS	2711 N HALIFAX AVE #184	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHEELER, WILLIAM	
STREET ADDRESS	2801 N HALIFAX AVE #233	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LORETONI, MARIO	
STREET ADDRESS	2711 N HALIFAX AVE #486	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, BARBARA	
STREET ADDRESS	2711 N HALIFAX AVE #267	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEIDERMAN, MAX	
STREET ADDRESS	2801 N HALIFAX AVE #251	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, Gloria	
STREET ADDRESS	2711 N. Halifax Ave. #184	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josephson, Sylvia	
STREET ADDRESS	2711 N. Halifax Ave. #192	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAOAT, Gary	
STREET ADDRESS	2901 N. Halifax Ave. #207	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becker, Barbara	
STREET ADDRESS	2711 N. Halifax Ave. #267	
CITY-ST-ZIP	Daytona Beach FL 32118	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNSED, Robert	
STREET ADDRESS	2801 N. Halifax Ave. #144	
CITY-ST-ZIP	Daytona Beach FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gloria Bowen Date: 4/12/04 (396) 677-7572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #