

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90092 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
Suite, Apt. #, etc.

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

City & State
City & State

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
**MCKIERNAN, GERALD V
2711 N HALIFAX AVE
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent
Name **Morris Godwin**
Street Address (P.O. Box Number is Not Acceptable)
**150 E. DUWEE RD.
Suite A & B**
City **DAYTONA BEACH SHORES FL** Zip Code **32118**

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 *Morris Godwin* (NOTE: Registered Agent signature required when reinstating) DATE **1-29-2003**

FILE NOW: FEE IS \$61.25

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 NAME MCKIERNAN, GERALD STREET ADDRESS 2901 N HALIFAX AVE #208 CITY-ST-ZIP DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE VPD NAME SHEELER, WILLIAM STREET ADDRESS 2801 N HALIFAX AVE #233 CITY-ST-ZIP DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
TITLE TD NAME CORETONI, MARIA STREET ADDRESS 2711 N HALIFAX AVE #486 CITY-ST-ZIP DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE D NAME JOSEPHSON, SYLVIA S STREET ADDRESS 2711 N HALIFAX AVE SUITE 192 CITY-ST-ZIP DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE SD NAME BOWEN, GLORIA STREET ADDRESS 2711 N HALIFAX AVE #184 CITY-ST-ZIP DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE D NAME JOSEPHSON, SYLVIA S STREET ADDRESS 2711 N HALIFAX AVE #192 CITY-ST-ZIP DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME Bowen, Gloria STREET ADDRESS 2711 N. Halifax Ave. # 184 CITY-ST-ZIP Daytona Beach, FL. 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VAD NAME SHEELER, William STREET ADDRESS 2801 N. Halifax Ave. # 233 CITY-ST-ZIP Daytona Beach, FL. 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME Coretoni, Mario STREET ADDRESS 2711 N. Halifax Ave. # 486 CITY-ST-ZIP Daytona Beach, FL. 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME Becker, Barbara STREET ADDRESS 2711 N. Halifax Ave. # 267 CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LEIDERMAN, MAX STREET ADDRESS 2801 N. Halifax Ave. # 251 CITY-ST-ZIP Daytona Beach, FL. 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED** *Gloria Bowen 1-24-03 677-7572* (386)

CR2E037 (10/02)