


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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90273 007 ****61.25

DOCUMENT # N00000003733			
1. Entity Name RIVERSIDE ESTATES PROPERTY ASSOCIATION, INC.			
Principal Place of Business 6915 S.R. 54 NEW PORT RICHEY FL 34653		Mailing Address PO BOX 3065 HOLIDAY FL 34690	
2. Principal Place of Business 2642 Shipston Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3065 Suite, Apt. #, etc.	
City & State New Port Richey, Fl.		City & State	
Zip 34655		Country USA	
Zip 34690		Country USA	
6. Name and Address of Current Registered Agent BLACKWELL, GARY L 6915 S.R. 54 NEW PORT RICHEY FL 34653		7. Name and Address of New Registered Agent Name Tait, Russell G. Street Address (P.O. Box Number is Not Acceptable) 2642 Shipston Avenue City New Port Richey FL Zip Code 34655-3719	
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 RUSSELL G. TAIT		DATE April 17, 2004	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABCOWSKI, MARY 2813 SHIPSON AVE. NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Grabowski, Marianne 2813 Shipston Avenue New Port Richey, Fl. 34655-3719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LATOUR, TOM 355 OLEANDER PL. OLDSMAR FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Latour, Tom 6132 Rockcross Avenue New Port Richey, Fl. 34655-3719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHITTMAN, HOWARD G 6145 ROCKROSS AVE NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Seletos, Beth 2843 Shipston Avenue New Port Richey, Fl. 34655-3719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACKWELL, GARY L 6915 S.R. 54 NEW PORT RICHEY FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Tait, Russ 2642 Shipston Avenue New Port Richey, Fl. 34655-3719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IEZZOM, MARIO A 6255 ROCKROSS AVE NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willit, Elaine 3616 Alcester Drive New Port Richey, Fl. 34655-3719 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELELUS, BETH 2843 SHIPSTON AVE. NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



MOORE CR2E037 (11/03)

4. FEI Number **59-3686731** Applied For Not Applicable

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

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: **RUSSELL G. TAIT**  DATE: **April 17, 2004** DAYTIME PHONE #: **727/938-4334**