


FILED
Apr 02, 2007 8:00 am
Secretary of State

03-23-2007 90006 039 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N00000003733 1. Entity Name RIVERSIDE ESTATES PROPERTY ASSOCIATION, INC.		
Principal Place of Business 6132 ROCKROSS AVE NEW PORT RICHEY, FL 34655		Mailing Address PO BOX 3065 HOLIDAY, FL 34690
2. Principal Place of Business - No P.O. Box # 6223 Rockross Ave	3. Mailing Address P.O. BOX 3065	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State New Port Richey FL		City & State Holiday FL
4. FEI Number 59-3686731	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARRIVEE, JOYCE 6223 ROCKROSS AVE NEW PORT RICHEY, FL 34655		
7. Name and Address of New Registered Agent Name NEAL PALMER Street Address (P.O. Box Number is Not Acceptable) 6255 ROCKROSS AVE City NEW PORT RICHEY FL Zip Code 34655		
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 NEAL PALMER PRESIDENT/DIRECTOR 3/20/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007		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		
TITLE PD NAME LARRIVEE, JOYCE <input checked="" type="checkbox"/> Delete STREET ADDRESS 6223 ROCKROSS AVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD <input checked="" type="checkbox"/> Delete NAME MANKO, MARK STREET ADDRESS 2928 SHIPSTON AVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	TITLE VICE PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JOHN COLE STREET ADDRESS 6214 ROCKROSS AVE CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE D <input type="checkbox"/> Delete NAME PALMER, NEAL STREET ADDRESS 6255 ROCKROSS AVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	TITLE SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ANTHONY SAMMARTANO STREET ADDRESS 6235 ROCKROSS AVE CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE T <input checked="" type="checkbox"/> Delete NAME PRUSS, NORMA STREET ADDRESS 6132 ROCKROSS AVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	TITLE TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JAMES LARRIVEE STREET ADDRESS 6223 ROCKROSS AVE CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE D <input type="checkbox"/> Delete NAME WESTENBERGER, RICK STREET ADDRESS 6131 ROCK ROSS AVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> Delete NAME LATOUR, THOMAS J JR STREET ADDRESS 6132 ROCKROSS AVE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James Larrivee JAMES LARRIVEE 3/20/07 727-908-6990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desired Phone #</small>		