

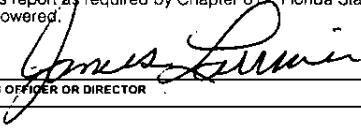


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 007 ****61.25

DOCUMENT # N00000003733					
1. Entity Name RIVERSIDE ESTATES PROPERTY ASSOCIATION, INC.					
Principal Place of Business 6223 ROCKROSS AVE NEW PORT RICHEY, FL 34655			Mailing Address P.O. BOX 3065 HOLIDAY, FL 34692		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3686731	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PALMER, NEAL 6255 ROCK ROSS AVE NEW PORT RICHEY, FL 34655			Name		
			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 4/14/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, JOHN		NAME	TODD WEAVER	
STREET ADDRESS	6214 ROCK ROSS AVE		STREET ADDRESS	2803 SHIPSTON AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMMARTANO, ANTHONY		NAME	ROBERT JOSEPHIK	
STREET ADDRESS	6235 ROCK ROSS AVE		STREET ADDRESS	2740 SHIPSTON AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, NEAL		NAME		
STREET ADDRESS	6255 ROCKROSS AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRIDGE, JAMES		NAME		
STREET ADDRESS	6223 ROCK ROSS AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTENBERGER, RICK		NAME		
STREET ADDRESS	6131 ROCK ROSS AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 LARRIDGE 		Date: 3/26/08		Daytime Phone #: 727-808-6990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	