

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


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90189 026 ****61.25

10/02

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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

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

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | BLACKWELL, TRACEY | |
| STREET ADDRESS | 5013 GENESIS AVENUE | |
| CITY-ST-ZIP | HOLIDAY FL 34690 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | SELETOS, BETH | |
| STREET ADDRESS | 2843 SHIPSTIN AVE | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | CHITTMAN, HOWARD G | |
| STREET ADDRESS | 6145 ROCKROSS AVE | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BLACKWELL, GARY L | |
| STREET ADDRESS | 6915 S.R. 54 | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34653 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | IEZZOM, MARIO A | |
| STREET ADDRESS | 6255 ROCKROSS AVE | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESIDENT SELETOS, BETH | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2843 SHIPSTON AVE | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SELETOS BETH | |
| STREET ADDRESS | 2843 SHIPSTON AVE | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRABOWSKI, MARY ANN | |
| STREET ADDRESS | 2813 SHIPSTON AVE | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LABOUR TOM | |
| STREET ADDRESS | 355 OLEANDER PL. | |
| CITY-ST-ZIP | OLD SMAR, FL 34677 | |
| 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: SIGNATURE REQUIRED TREAS 4/7/03 813-905 5809

CR2E037 (10/02)