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

## FILED May 07, 2007 8:00 am Secretary of State 05-07-2007 90071 032 \*\*\*\*61.25

DOCUMENT # N0300005444  1. Entity Name RIVERSIDE OWNERS ASSOCIATION, INC.				, and the state of				7 90071 03	32 ****6	51.25	
Principal Place of Business 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080  Mailing Address 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080  SAINT AUGUSTINE, FL 3208				32080							
2. Principal Place of Business - No P.O. Box # 3. Mailing			ng Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007	Chg-NP	CR2E037	(12/06)			
City & State		City & State				4. FEI Numbe 03-052				plied For ot Applicable	
Zip	Zip Country		ip Count		гу	5. Certificate	5. Certificate of Status Desired   \$8.75 Addition Fee Required				
	6. Name and Address of Current	Registere	d Agent			7. Name and	Address of New	Registered Ag	gent		
MAY MANAGEMENT SERVICES				'	Name -						
5455 A1A SOUTH SAINT AUGUSTINE, FL 32080				\$	Street Address (P.O. Box Number is Not Acceptable)						
				(	City			FL	Zip Code	e	
	named entity submits this statement folions of registered agent.		ose of changing its i	registered (	office or re	egistered agent, or bot	th, in the State of F	Florida. I am fai	miliar with,	and accept	
	Signature, typed or printed name of registered agent	and tille if appl	icable. (NOTE:	: Registered Ag	gent signature r	required when reinstating)	T.	DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	and tille if appl	9. Election Cam Trust Fund C	npaign Fina	ancing	\$5.00 May B	e Fic	Make check porida Departn			
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI		9. Election Cam Trust Fund C	npaign Fina	ancing	\$5.00 May B Added to Fees	e Fic	Make check porida Departn	nent of St	tate	
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Incrept certify that the information supplied with this filling does not qualify for fine exemptions contained in Chapter 119, Florida Statutes. Increase certify that the information indicated on this report or supplemental report is true and accurate and that my signature shart have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or mystee empowered to execute this report as to director 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR