



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000005444</b> 1. Entity Name <b>RIVERSIDE OWNERS ASSOCIATION, INC.</b>						<b>FILED</b> 08 NOV -6 AM 10: 54 COUNTY OF STATE ALACHASSEE, FLORIDA 04-28-08 90387 028 #61.25  <b>REINSTATEMENT</b> 08	
Principal Place of Business <b>5455 A1A SOUTH SAINT AUGUSTINE, FL 32080</b>		Mailing Address <b>5455 A1A SOUTH SAINT AUGUSTINE, FL 32080</b>					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>03-0521054</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>MAY MANAGEMENT SERVICES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080</b>				7. Name and Address of New Registered Agent Name <b>Flagship Ance. Mgmt.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1121 Kingsley Ave</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32073</b>			
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/23/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JACOBSON, MICHAEL</b> <b>305 RED WOOD LN</b> <b>JACKSONVILLE, FL 32259</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Debra Simps</b> <b>518 Dry Branch Way</b> <b>Jacksonville, FL 32259</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RUSSELL, JAMES</b> <b>741 GINGER MILL DR</b> <b>JACKSONVILLE, FL 32259</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Joann Jacobson</b> <b>305 Redwood Ln</b> <b>Jacksonville, FL 32259</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BOUTROS, ANTAINE L</b> <b>609 BRIAR WAY LN</b> <b>JACKSONVILLE, FL 32259</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Joseph Francouer</b> <b>6488 May Tree Cir</b> <b>Jacksonville, FL 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Patricia LeBlanc</b> <b>712 Ginger mill dr.</b> <b>Jacksonville, FL 32259</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 another like empowered.							
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date		Daytime Phone #	

Flagship Association Management, Ent.  
1121 Kingsley Ave  
Orange Park, Fl 322073  
904-981-2719

November 3, 2008

Division of Corporations  
P.O Box 1500  
Tallahassee, FL 32302-1500

Re: N03000005444

To Whom It May Concern:

Enclosed please find the signed Annual report for the above document #. The filing fee was paid and the check was cashed by the Division. However, mistakenly the form was not signed by an officer of the corporation.

Should you have any questions please feel free to contact our office at the above address of phone number.

Sincerely,



Amy Cole  
Flagship Assoc. Mgmt