

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005444

FILED
Apr 07, 2009
Secretary of State

Entity Name: RIVERSIDE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223

Current Mailing Address:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

P.O. BOX 600033
JACKSONVILLE, FL 32260

FEI Number: 03-0521054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAGSHIP ASSOCIATION MANAGEMENT, INC.
1121 KINGSLEY AVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD.
JACKSONVILLE, FL 32223 US

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.

SIGNATURE: ELAINE BROOKS

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMPO, DETRA
Address: 518 DRY BRANCH WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: V () Delete
Name: JACOBSON, JOANN
Address: 305 REDWOOD LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: FRANCOEUR, JOSEPH
Address: 6488 MAY TREE CIR
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: LEBLANC, PATRICIA
Address: 712 GINGER MILL DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMPO, DETRA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: V (X) Change () Addition
Name: JACOBSON, JOANN
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D (X) Change () Addition
Name: FRANCOEUR, JOSEPH
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: S (X) Change () Addition
Name: LEBLANC, PATRICIA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: T () Change (X) Addition
Name: BOUTROS, TONY
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DETRA SIMPO

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date