

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

95 MAY - 1 AM 8:55

**DOCUMENT # N07630 (9)**

1. Corporation Name  
**RIVERSIDE CONDOMINIUM ASSOCIATION OF DEBARY, INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**2800 28TH STREET, SUITE 222  
P.O. BOX 4060  
SANTA MONICA CA 90405**

**2800 28TH STREET, SUITE 222  
P.O. BOX 4060  
SANTA MONICA CA 90405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/13/1985**      **03/24/1994**

4. FEI Number      Applied For  
**95-4159807**      Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 **2180 W. State Rd. 434**      26 **2180 W. State Rd. 434**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22 **Suite 5000**      27 **Suite 5000**

City & State      City & State

23 **Longwood, FL**      28 **Longwood, FL**

Zip      Country      Zip      Country

24 **32779**      25 **USA**      29 **32779**      30 **USA**

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
**James W. Hart, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2180 W. State Rd. 434, Suite 5000**

83

84 City      85 Zip Code  
**Longwood, FL 32779**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*      (Print Name of Registered Agent and the Corporation)      (Print Registered Agent's name if required when nonresident)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PB</b>	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEARY, WILLIAM W., JR.</b>	1.2 NAME	<b>H. W. Finn</b>
STREET ADDRESS	<b>2800 28TH ST., #222-</b>	1.3 STREET ADDRESS	<b>1578 Stone Trail</b>
CITY, ST, ZIP	<b>SANTA MONICA CA</b>	1.4 CITY, ST, ZIP	<b>Enterprise, FL 32725</b>
TITLE	<b>VB</b>	2.1 TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHURCHILL, MIKE</b>	2.2 NAME	
STREET ADDRESS	<b>2835 E INDIAN SCHOOL ROAD, #203-</b>	2.3 STREET ADDRESS	<b>5300 W. Irlo Bronson Hwy.</b>
CITY, ST, ZIP	<b>PHOENIX AR</b>	2.4 CITY, ST, ZIP	<b>Kissimmee, FL 34746</b>
TITLE	<b>SDT</b>	3.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COCKRELL, GERALD L.</b>	3.2 NAME	<b>Astrid R. Andersen</b>
STREET ADDRESS	<b>2800 28TH ST., #222-</b>	3.3 STREET ADDRESS	<b>1351 Barrel Springs Tr.</b>
CITY, ST, ZIP	<b>SANTA MONICA CA</b>	3.4 CITY, ST, ZIP	<b>DeLand, FL 32720</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, the recipient or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *[Signature]*      (Print Name of Signing Officer or Director)      DATE: **4/21/95 (904) 732 5018**