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Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N07630 (9)
1. Corporation Name
RIVERSIDE CONDOMINIUM ASSOCIATION OF DEBARY, INC



Principal Place of Business Mailing Address

2180 W. ST. RD. 434 SUITE 5000 LONGWOOD FL 32779
2170 W. ST. RD. 434 SUITE 384 LONGWOOD FL 32779

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
02/13/1985

4. FEI Number
95-4159807

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

JAMES W. HART, JR.
2180 W. ST. RD. 434
SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
MARILYN C. CAMPBELL

82 Street Address (P.O. Box Number is Not Acceptable)
2170 STATE RD. 434 W

83 SUITE 384

84 City
LONGWOOD FL 85 Zip Code
32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE MARILYN C. CAMPBELL Marilyn Campbell 4/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	H.W. FINN	
STREET ADDRESS	1090 STONE CREEK RD 4142	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	CHURCHILL, MIKE	
STREET ADDRESS	5800 W. IRLO BRANSON HWY	
CITY-ST-ZIP	MIDDLETOWN FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ASTRID R. ANDERSEN	
STREET ADDRESS	1351 BARREL SPRINGS, TR	
CITY-ST-ZIP	DELAND FL	
TITLE	TREAS	<input type="checkbox"/> DELETE
NAME	BALL, RANDY D	
STREET ADDRESS	313 DIRKSEN RD F-18	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	CRUISE, KENNETH	
STREET ADDRESS	313 DIRKSEN RD F-18	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHURCHILL, MIKE	
1.3 STREET ADDRESS	5200 DEL CAMINO REAL	
1.4 CITY-ST-ZIP	CARLSBAD CA 92088	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	5200 DEL CAMINO REAL	
2.4 CITY-ST-ZIP	CARLSBAD CA 92088	
3.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	DELAND FL 32720	
3.4 CITY-ST-ZIP		
4.1 TITLE	TREAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BALL, RANDY D	
4.3 STREET ADDRESS	313 DIRKSEN RD F-15	
4.4 CITY-ST-ZIP	DEBARY FL 32713	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIROCCO, RON	
5.3 STREET ADDRESS	523 LEAF CIR	
5.4 CITY-ST-ZIP	DELAND FL 32725	
6.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CRUISE, KENNETH	
6.3 STREET ADDRESS	313 DIRKSEN RD F-18	
6.4 CITY-ST-ZIP	DEBARY	

14. 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 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 or the receiver 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: H.W. FINN 427-730-9319 2/20/98

CR2E037 (10/97)