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Mar 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07630

1. Corporation Name
RIVERSIDE CONDOMINIUM ASSOCIATION OF DEBARY, INC

Principal Place of Business 190 NORTH WESTMONTE DR. ALTAMONTE SPRINGS FL 32714 US	Mailing Address 190 NORTH WESTMONTE DR. ALTAMONTE SPRINGS FL 32714 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/13/1985
21	26	
Suite, Apt. #, etc. STE 100	Suite, Apt. #, etc. STE 100	4. FEI Number 95-4159807
22	27	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	24 25 29 30

9. Name and Address of Current Registered Agent CAMPBELL, MARILYN C -2170 SR 434 WEST- -SUITE 384- -LONGWOOD FL 32779	10. Name and Address of New Registered Agent 81 Name 82 190 N WESTMONTE DR STE 100 83 ALTAMONTE SPRINGS FL 32714 84 Zip Code
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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		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	D <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	CHURCHILL, MIKE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	5200 DEL CAMINO REAL	1.2 NAME	FINN, HERB	
CITY-ST-ZIP	CARLSBAD CA 92088	1.3 STREET ADDRESS	1578 STONE TRAIL	
TITLE	VSD <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	ENTERPRISE FL 32735	
NAME	ANDERSEN, ASTRID R	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1351 BARREL SPRINGS, TR	2.2 NAME		
CITY-ST-ZIP	DELAND FL 32720	2.3 STREET ADDRESS		
TITLE	DT <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	BALL-RANDY-D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	313 DIRKSEN RD. F-15	3.2 NAME		
CITY-ST-ZIP	DEBARY FL 32713	3.3 STREET ADDRESS		
TITLE	S <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	CRUISE, KENNETH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	313 DIRKSEN F12	4.2 NAME		
CITY-ST-ZIP	DEBARY FL 32713	4.3 STREET ADDRESS		
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: **RANDY D. BALL** **3-10-99** **904-774-1826**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037. (11/98)