

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90031 026 ****61.25

DOCUMENT # N07630

1. Entity Name

RIVERSIDE CONDOMINIUM ASSOCIATION OF DEBARY, INC

Principal Place of Business

190 NORTH WESTMONTE DR.
 SUITE 100
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

190 NORTH WESTMONTE DR.
 SUITE 100
 ALTAMONTE SPRINGS FL 32714
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4159807

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, MARILYN C
190 N WESTMONTE DR
SUITE 100
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CHURCHILL, MIKE	
STREET ADDRESS	5200 DEL CAMINO REAL	
CITY-ST-ZIP	CARLSBAD CA 92088	
TITLE	TPD	<input type="checkbox"/> Delete
NAME	ANDERSEN, ASTRID R	
STREET ADDRESS	1351 BARREL SPRINGS, TR	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BALL, RANDY D	
STREET ADDRESS	1570 CYPRESS AVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Dejo, Neal		
STREET ADDRESS	313 Dirksen Drive #88		
CITY-ST-ZIP	Debary FL 32113		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Koch, Richard J		
STREET ADDRESS	313 Dirksen Drive #C10		
CITY-ST-ZIP	Debary FL 32113		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Winger, Terry		
STREET ADDRESS	928 Rosetta Drive		
CITY-ST-ZIP	Deltona FL 32125		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental report is true and accurate and 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 all other like empowered.

SIGNATURE: *[Signature]* **ASTRID R ANDERSEN** **5.22.01 407-862-2250**

CR2E037 (10/00)