

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90040 042 \*\*\*\*61.25

**DOCUMENT # N07630**

1. Entity Name

**RIVERSIDE CONDOMINIUM ASSOCIATION OF DEBARY, INC**

Principal Place of Business

Mailing Address

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

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

Zip

Country

Zip

Country

4. FEI Number

**95-4159807**

Applied For

Not Applicable

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHURCHILL, MIKE</b>	
STREET ADDRESS	<b>5200 DEL CAMINO REAL</b>	
CITY-ST-ZIP	<b>CARLSBAD CA 92088</b>	
TITLE	<b>TPD</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSEN, ASTRID R</b>	
STREET ADDRESS	<b>1351 BARREL SPRINGS, TR</b>	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOYO, NEAL</b>	
STREET ADDRESS	<b>313 DIRKSEN DR., #B8</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOCH, RICHARD J</b>	
STREET ADDRESS	<b>313 DIRKSEN DR., #C10</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WINGER, TERRY</b>	
STREET ADDRESS	<b>928 ROSETTA DR.</b>	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andersen, Astrid</b>	
STREET ADDRESS	<b>1351 Barrel Springs, Tr</b>	
CITY-ST-ZIP	<b>Deland FL 32720</b>	
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		
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **5475**

CFR2037 (9/01)