


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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: 790 NORTH WESTMONTE DR. SUITE 100 ALTAMONTE SPRINGS, FL 32714 US



02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ROBINSON, HENRY III
STREET ADDRESS	313 DIRKSEN DR E3
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	VS
NAME	VEGA, CARMEN
STREET ADDRESS	313 DIRKSEN DRIVE, C-12
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	P
NAME	KOCH, RICHARD
STREET ADDRESS	313 DIRKSEN DRIVE, C-10
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	D
NAME	GAW, KATHLEEN
STREET ADDRESS	313 DIRKSEN DR F14
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/29/05-80003-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

SIGNATURE: *[Signature]* Date: 4/22/05 Daytime Phone #