## 2006 NOT-FOR-PROFIT CORPORATION

## Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-24-2006 90358 030 \*\*\*\*61.25 DOCUMENT # N07630 RIVERSIDE CONDOMINIUM ASSOCIATION OF DEBARY. Principal Place of Business Mailing Address 60029595 190 NORTH WESTMONTE DR. 190 NORTH WESTMONTE DR. SUITE 100 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business 3. Mailing Address 1247 S. Volusia 1247 5. Avenue Volusi Sulte, Apt. #, etc. Suite, Apt. #, etc. 04182006 Chq-NP CR2E037 (11/05) Orange City & State Applied For FEI Number 95-4159807 FL Orange Not Applicable Country 7 Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired 32763 32763 U54 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brenda A. Sturges CAMPBELL, MARILYN C... Street Address (P.O. Box Number is Not Acceptable) 190 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 Zip Code 3276つ 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. Breada 17 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **Addition** Delete TITLE 70 co chor Change ROBINSON, HENRY III Lynn Mckee 313 DIFKSENDrive # A-5 NAME 313 DIRKSEN DR E3 STREET ADDRESS DEBARY, FL 32713 CITY-ST-70P ☐ Delete ☐ Change Addition Judin Garrett VEGA, CARMEN NAME 313 DIRKSEN DRIVE, C-12 STREET ADDRESS 313 Dirksen Drive #B2 DEBARY, FL 32713 CITY-ST-ZIP Staretaty Harger Debra Harger 313 Dickson Drive # BP Addition ☐ Delete TITLE ☐ Change KOCH, RICHARD NAME 313 DIRKSEN DRIVE, C-10 STREET ADDRESS **DEBARY, FL 32713** CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

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GAW, KATHLEEN

313 DIRKSEN DR F14

**DEBARY, FL 32713** 

SIGNATURE: Kichard Koch tresident SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

386.775-0251

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