

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90086 003 ****61.25

0020890

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

DOCUMENT # N23128

1. Corporation Name

RIVERSIDE VILLAGE ASSOCIATION, INC.

Principal Place of Business
RIVERSIDE VILLAGE ASSOC INC
SEBASTIAN FL 32958
US

Mailing Address
9444 US HWY 1
SEBASTIAN FL 32958
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/22/1987	4. FEI Number 59-2938178	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

GRAY, LEWIS E
9444 U.S. HWY 1
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHASE, WILLIAM J.	1.2 NAME	
STREET ADDRESS	9400 US HWY 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AHAMEMAN, THEODORE	2.2 NAME	
STREET ADDRESS	9442 US #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	
TITLE	SDT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, LEWIS E	3.2 NAME	
STREET ADDRESS	9444 US HWY 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Signature of Lewis E. Gray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 **121.589-0550**
 Date Daytime Phone #

CR2E037-(11/98)