2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N23128

1. Entity Name
RIVERSIDE VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RIVERSIDE VILLAGE ASSOC INC 9400 US HWY 1 SEBASTIAN, FL 32958 US	9412 US HWY 1 SEBASTIAN, FL 32958 US

01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2938178
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANNING, MELODY S
9412 U.S. HWY 1
SEBASTIAN, FL 32958

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLACE, LORRAINE
STREET ADDRESS	9430 US HWY 1
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VP
NAME	GILLIAMS, DAMIEN
STREET ADDRESS	1623 US HWY 1
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	S
NAME	WATSON, DENISE
STREET ADDRESS	9438 US HWY 1
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D
NAME	HOLLAND, RICK
STREET ADDRESS	1140 66TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	LLOYD, JOHN
STREET ADDRESS	9432 US HWY 1
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D
NAME	MCCURDY, DAVE
STREET ADDRESS	9540 FRAGGIFANI DR
CITY-ST-ZIP	VERO BEACH, FL 32963

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01/15/04-80059-018 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)(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: Lorraine Wallace 1-9-04 (772) 978-1292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #