

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N23128	
1. Entity Name RIVERSIDE VILLAGE ASSOCIATION, INC.	

Principal Place of Business RIVERSIDE VILLAGE ASSOC INC 9400 US HWY 1 SEBASTIAN, FL 32958 US	Mailing Address 956 20TH ST STE 101 VERO BEACH, FL 32960 US
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01182006 No Chg-NP CR2E037 (11/05)

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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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

000000419045
02/14/06-80031-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENCH, LARRY 9400 US HWY 1 #302 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSE, SHANNON 9400 US HWY 1 #204 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NOWAK, CANDICE 9400 US HWY 1 #404 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, RICK 1140 66TH AVENUE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, JOHN 9432 US HWY 1 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURDY, OAVE 9540 FRAGGIFANI DR VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **02/01/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #