

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


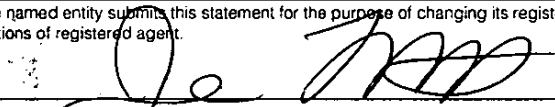
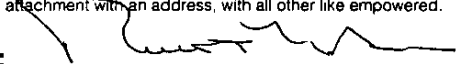
FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90184 003 ****61.25

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03112005 Chg-NP CR2E037 (10/03)

DOCUMENT # N21511					
1. Entity Name CONDOMINIUM ASSOCIATION OF RIVERSIDE VILLAGE, INC.					
Principal Place of Business 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 US			Mailing Address 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2837409	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEARY, MICHAEL E 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name Jane Cornett Cornett, Gooze & Associates, PA 401 E. Osceola Street, First Floor Stuart, FL 34994	
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 4-21-05					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOAGLAND, ROBERT A		NAME	CLERY, HOWARD	
STREET ADDRESS	12474 HARBOR RIDGE BLD		STREET ADDRESS	12494 Harbour Ridge Blvd.	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	Palm City, FL 34990	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLPHIN, JAMES		NAME	HASTINGS, ELLEN	
STREET ADDRESS	12460 HARBOR RIDGE BLVD		STREET ADDRESS	12490 Harbour Ridge Blvd.	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	Palm City, FL 34990	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCALEAR, ROBERT		NAME	BONK, HARRY	
STREET ADDRESS	12468 HARBOUR RIDGE BLVD		STREET ADDRESS	12496 Harbour Ridge Blvd.	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, WILLIAM		NAME		
STREET ADDRESS	12458 HARBOUR RIDGE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE 4/4/05 DAYTIME PHONE # 772-340-2705					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					