

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005444

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC8842926046**

**Entity Name:** RIVERSIDE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12058 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

P.O. BOX 600033  
JACKSONVILLE, FL 32260

**FEI Number: 03-0521054**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT PARTNERS & ASSOCIATES, INC.  
12058 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223 US

*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.*

**SIGNATURE: ELAINE BROOKS**

**03/21/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ROGERS, BILL  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

Title SECRETARY/TREASURER  
Name SMITH, MIDGE  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR  
Name SIMPO, DETRA  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR  
Name LEBLANC, PATRICIA  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

Title VP  
Name FARLEY, JEANNE  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BILL ROGERS**

**PRESIDENT**

**03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date