

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002693

**Entity Name:** RIVERSIDE BLUFFS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5439 BEAUMONT CENTER BLVD, STE 1010  
TAMPA, FL 33634

**Current Mailing Address:**

5439 BEAUMONT CENTER BLVD, STE 1010  
TAMPA, FL 33634

**FEI Number:** 47-5760759

**Certificate of Status Desired:** No

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

PREMIER COMMUNITY CONSULTANTS, INC.  
18215 BRANCH ROAD  
HUDSON, FL 34667 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CORACE, PAUL  
Address 5439 BEAUMONT CENTER BLVD, STE 1010  
City-State-Zip: TAMPA FL 33634

Title VPD  
Name CROSS, KEVIN  
Address 5439 BEAUMONT CENTER BLVD, STE 1010  
City-State-Zip: TAMPA FL 33634

Title SDT  
Name EGAN, JACOB  
Address 5439 BEAUMONT CENTER BLVD, STE 1010  
City-State-Zip: TAMPA FL 33634

*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:** PAUL CORACE

**PRESIDENT**

**04/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date