

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 621625

Entity Name: RIVERSIDE MARINA, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

2350 OLD DIXIE HWY
FT PIERCE, FL 349461411

New Principal Place of Business:

Current Mailing Address:

2350 OLD DIXIE HWY
FT PIERCE, FL 349461411

New Mailing Address:

13450 WILLIAMS RD.
PORT ST. LUCIE, FL 34987

FEI Number: 59-1952010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEWERSDORF, SUSAN L
5775 17TH ST SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

CONCANNON, GERALD J
13450 WILLIAMS RD.
PORT ST. LUCIE, FL 34987 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: GERALD J. CONCANNON

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOOCH, DAN J
Address: 5600 17TH ST SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD () Delete
Name: CONCANNON, GERALD J.
Address: 13450 WILLIAMS RD
City-St-Zip: PORT ST LUCIE, FL 34987

Title: T () Delete
Name: CONCANNON, TIMOTHY G
Address: 252 BERMUDA BCH DR
City-St-Zip: FT PIERCE, FL 24949

Title: SD (X) Delete
Name: GOOCH, SALLY
Address: 5600 17TH STREET S.W.
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CONCANNON, GERALD J.
Address: 13450 WILLIAMS RD.
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: TD (X) Change () Addition
Name: CONCANNON, TIMOTHY G.
Address: 252 BERMUDA BEACH DR.
City-St-Zip: FT. PIERCE, FL 34946

Title: D (X) Change () Addition
Name: GOOCH, SALLY
Address: 5600 17TH STREET SW
City-St-Zip: VERO BEACH, FL 32968

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD J. CONCANNON

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date