

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90293 015 ****61.25

DOCUMENT # 702853

1. Entity Name
RIVERSIDE NORTH APARTMENTS INC



Principal Place of Business
**1210 NORTH RIVERSIDE DR
APT. 107
POMPANO BEACH, FL 33062**

Mailing Address
**1210 NORTH RIVERSIDE DR
APT. 107
POMPANO BEACH, FL 33062**



04102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1157516

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERMAN, JIM
1210 N. RIVERSIDE DR., 107
POMPANO BEACH, FL 33062**

*Riverside No Apt
1210 N. Riverside Dr
Pompano Beach
FL 33062*

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITE, EDITH
1210 NORTH RIVERSIDE DR
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STOWE, GEORGE
1210 N RIVERSIDE DR
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HERMAN, JIM
1210 N. RIVERSIDE DR
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RENNICK, ELLIS
1210 N RIVERSIDE DRIVE
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WHITE, KINGSLEY R
1210 NORTH RIVERSIDE DRIVE
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RIECK, THOMAS
1210 N RIVERSIDE DR
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George S Stowe
4-14-05 7037953133