


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90468 013 \*\*\*\*61.25

<b>DOCUMENT # 702853</b> 1. Entity Name <b>RIVERSIDE NORTH APARTMENTS INC</b>					
Principal Place of Business <b>1210 NORTH RIVERSIDE DR POMPAÑO BEACH, FL 33062</b>			Mailing Address <b>1210 NORTH RIVERSIDE DR APT. 107 POMPAÑO BEACH, FL 33062</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1157516</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIVERSIDE NO APT 1210 N. RIVERSIDE DR., 107 POMPAÑO BEACH, FL 33062</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, EDITH 1210 NORTH RIVERSIDE DR POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D White, Edith 1210 N. Riverside Dr. Pompano Beach, FL-33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOWE, GEORGE 1210 N RIVERSIDE DR POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALEY, KATHLEEN 1210 N RIVERSIDE DR POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daley, Kathleen 1210 N. Riverside Dr. Pompano Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUDD, JANET 1210 N RIVERSIDE DR POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, KINGSLEY R 1210 NORTH RIVERSIDE DRIVE POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONALD J. BRODA 1210 N. RIVERSIDE DR. #109 POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCA, SERGIO 1210 N RIVERSIDE DR POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dexter Taites 1210 N. Riverside Drive #208 Pompano Beach, FL 33062
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Ronald J. Broda</u> <b>RONALD J. BRODA</b> 4/23/07 (970)324-0306					