2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704309

FILED Feb 02, 2010 Secretary of State

Entity Name: RIVERDALE ARMS APARTMENTS INC

Current Principal Place of Business: New Principal Place of Business:

701 S RIVERSIDE DR 701 S RIVERSIDE DR

UNIT 301 UNIT 301

POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 330626225 US

Current Mailing Address: New Mailing Address:

701 S RIVERSIDE DR 701 S RIVERSIDE DR

UNIT 301
POMPANO BEACH, FL 33062 US
UNIT 301
POMPANO BEACH, FL 330626225 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

RIVERDALE ARMS CORP
701 S. RIVERSIDE DRIVE
701 S. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062 US

RIVERDALE ARMS CORP
701 S. RIVERSIDE DRIVE
#301

POMPANO BEACH, FL 33062 US #301 POMPANO BEACH, FL 33062 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: LESLIE ANN TYMAN 02/02/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: CUSHMAN, TOM

Address: 701 S. RIVERSIDE DR. ,#303 City-St-Zip: POMPANO BEACH, FL 33062

Title: SD

Name: TYMAN, LESLIE

Address: 701 S RIVERSIDE DR., #301 City-St-Zip: POMPANO BCH, FL 330626225

Title: VPD

Name: CARR, EILEEN

Address: 701 S. RIVERSIDE DR., #304 City-St-Zip: POMPANO BEACH, FL 33062

Title: TD

Name: CARDARELLA, GERMAINE
Address: 701 S. RIVERSIDE DR.,# 206
City-St-Zip: POMPANO BEACH, FL 33062

Title: [

Name: LORIS, KATHY

Address: 701 S. RIVERSIDE DR., #201 City-St-Zip: POMPANO BEACH, FL 33062

Title: D

 Name:
 SCHILPP, SALLY M

 Address:
 701 S RIVERSIDE DR.,# 106

 City-St-Zip:
 POMPANO BEACH, FL 33062

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: LESLIE ANN TYMAN SD 02/02/2010