

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90115 042 \*\*\*\*61.25

**DOCUMENT # 714911**

1. Entity Name

RIVERSIDE TOWERS, INC., A CONDOMINIUM



Principal Place of Business

303 N RIVERSIDE DR  
POMPANO BEACH FL 33062

Mailing Address

303 N RIVERSIDE DR  
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1302745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEOLIS, MATTHEW F ~~James Notter~~  
303 N RIVERSIDE DR #906  
#1006  
POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pres P ☐ Delete  
NAME NOTTER, JAMES  
STREET ADDRESS 303 N. RIVERSIDE DR. #902  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE President ☒ Change ☐ Addition  
NAME NOTTER, JAMES  
STREET ADDRESS 303 N. RIVERSIDE DR #906  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE VP ☒ Delete  
NAME TEOLIS, MATTHEW F  
STREET ADDRESS 303 NORTH RIVERSIDE DR., #1006  
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE TREASURER ☐ Change ☒ Addition  
NAME PERINIA, ALFONSO  
STREET ADDRESS 303 N. RIVERSIDE DR. #704  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE D ☐ Delete  
NAME ALEXANDER, JUANITA  
STREET ADDRESS 303 N. RIVERSIDE DR APT 206  
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MONTESON, PATRICIA  
STREET ADDRESS 303 N. RIVERSIDE DR. #101  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME MONTESON PATRICIA  
STREET ADDRESS 303 N. RIVERSIDE DR #101  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE T ☒ Delete  
NAME CARLSON, MARY ANN  
STREET ADDRESS 303 N. RIVERSIDE DR. #301  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME O'CONNOR, RAYMOND  
STREET ADDRESS 303 N. RIVERSIDE DR. #605  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE S ☐ Delete  
NAME DOLAN, RUTH  
STREET ADDRESS 303 N RIVERSIDE DR APT 202  
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME ~~ELKINS~~ RMY  
STREET ADDRESS 303 N. RIVERSIDE DR #302  
CITY-ST-ZIP POMPANO BEACH, FL 33062

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Notter 754-381-2100