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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90223 038 ****61.25

DOCUMENT # 714911

1. Entity Name
RIVERSIDE TOWERS, INC., A CONDOMINIUM

Principal Place of Business	Mailing Address
303 N RIVERSIDE DR POMPANO BEACH, FL 33062	303 N RIVERSIDE DR POMPANO BEACH, FL 33062

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

04282008 Chg-NP CR2E037 (12/03)

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
NOTTER, JAMES 303 N RIVERSIDE DR #906 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOTTER, JAMES 303 N. RIVERSIDE DR #906 POMPANO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PERNIA, ALFONSO 303 N. RIVERSIDE DR. #704 POMPANO BCH, FL 33062	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, JUANITA 303 N. RIVERSIDE DR APT 206 POMPANO BCH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MONTESON, PATRICIA 303 N. RIVERSIDE DR #101 POMPANO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OCONNOR, RAYMOND 303 N. RIVERSIDE DR #605 POMPANO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELKINS, AMY 303 N. RIVERSIDE DR #302 POMPANO BCH, FL 33062	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

ENZO VIALARDI
303 N RIVERSIDE DR # 606
POMPANO BEACH, FL 33062

PRISCILLA DRINKWINE
303 N RIVERSIDE DR 1004
POMPANO BEACH, FL 33062

MARGARET MUNNOCH
303 N RIVERSIDE DR 1002
POMPANO BCH, 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.

SIGNATURE: Priscilla Drinkwine 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #