

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715046 (9)
1. Corporation Name
THE RIVERSIDE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **1035 GRANADA AVENUE MERRITT ISLAND FL 32952**
Mailing Address: **1035 GRANADA AVENUE MERRITT ISLAND FL 32952**

3. Date Incorporated or Qualified: **08/02/1968**
3a. Date of Last Report: **02/06/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE	<input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
SMITH, SUE 1085 CARRIGAN BLVD MERRITT ISLAND FL 32952				81	Name			Reeves, Susan	
				82	Street Address (P.O. Box Number is Not Acceptable)			1125 Granada Avenue	
				83	City			Merritt Island, FL 32952	
				84	City	Merritt Island	85	Zip Code	FL 32952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Susan Reeves* **Susan Reeves** 4-24-96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SUE	1.2 NAME	Susan Reeves
STREET ADDRESS	1085 CARRIGAN BLVD	1.3 STREET ADDRESS	1125 Granada Avenue'
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELEBASH, AL	2.2 NAME	Jim Lansing
STREET ADDRESS	1050 CARRIGAN BLVD	2.3 STREET ADDRESS	1060 Granada Avenue
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, ANN	3.2 NAME	Ann Kirk
STREET ADDRESS	1095 CARRIGAN BLVD	3.3 STREET ADDRESS	1095 Carrigan Blvd.
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, GLADYS	4.2 NAME	Jennifer Lusk
STREET ADDRESS	1090 CARRIGAN BLVD	4.3 STREET ADDRESS	1130 Carrigan Avenue
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKERSHAM, KAREN	5.2 NAME	Al Elebash
STREET ADDRESS	110 CARRIGAN BLVD	5.3 STREET ADDRESS	1050 Carrigan Blvd.
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNN, JOAN	6.2 NAME	Sue Smith
STREET ADDRESS	1055 CARRIGAN BLVD	6.3 STREET ADDRESS	1085 Carrigan Blvd.
CITY-ST-ZIP	MERRITT ISLAND FL	6.4 CITY-ST-ZIP	Merritt Island, FL 32952

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Reeves* **Susan Reeves** 4-24-96 407-454-9645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)