

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 715046

1. Entity 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**

DO NOT WRITE IN THIS SPACE



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0182710

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOOD, BOB
 1105 CARRIGAN BOULEVARD
 MERRITT ISLAND, FL 32952**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

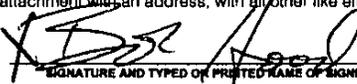
10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WATTERS, WENDY
STREET ADDRESS	50 ALHAMBRA DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	S
NAME	SMITH, DONALD
STREET ADDRESS	60 BARCELONA AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	V
NAME	NUNN, CINDY
STREET ADDRESS	85 CARRIGAN AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	P
NAME	HOOD, BOB
STREET ADDRESS	1105 CARRIGAN BOULEVARD
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/25/07-80036-008 61.25

DO NOT WRITE IN THIS SPACE

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:  **1/17/07** Date **321459-1175** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR