


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90029 036 ****61.25

DOCUMENT # 755587

1. Entity Name
RIVERMIST CONDOMINIUM, INC.



Principal Place of Business Mailing Address

**5640 UNIT 2300
FERGUSON COURT
NEW PORT RICHEY FL 34652
US**

**5640 UNIT 2300
FERGUSON COURT
NEW PORT RICHEY FL 34652
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For

59-2351873 Not Applicable

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

6. Name and Address of Current Registered Agent

**BANKS, ELIZABETH
5640 FERGUSON CT
2301
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name **ROGER DAVIDSON**

Street Address (P.O. Box Number is Not Acceptable) **5640 FERGUSON COURT # 2307**

City **NEWPORT RICHEY** FL Zip Code **34652**

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 **ROGER DAVIDSON** *Roger Davidson* **1/27/2004**

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, 2004**

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LOHISER, ROBERT	
STREET ADDRESS	5640 FERGUSON CT # 2206	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACH, PHILLIS K	
STREET ADDRESS	56287 FERGUSON COURT #1203	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BANKS, ELIZABETH	
STREET ADDRESS	5640 FERGUSON CT # 2301	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROESKE, SUSAN	
STREET ADDRESS	5640 FERGUSON COURT #2303	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAIN, JAMES	
STREET ADDRESS	5640 FERGUSON CT. #2101	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER DAVIDSON	
STREET ADDRESS	5640 FERGUSON COURT #2307	
CITY-ST-ZIP	NEWPORT RICHEY, FL. 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT BUSCH	
STREET ADDRESS	5640 FERGUSON COURT #2207	
CITY-ST-ZIP	NEWPORT RICHEY, FL. 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Roger Davidson* **ROGER DAVIDSON** **1/27/2004** **727-847-7852**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #