

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

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90189 023 ****61.25

DOCUMENT # 755587
 1. Entity Name
RIVERMIST CONDOMINIUM, INC.



Principal Place of Business Mailing Address
 5640 UNIT 2300 5640 UNIT 2300
 FERGUSON COURT FERGUSON COURT
 NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652
 US US

2. Principal Place of Business 3. Mailing Address
COASTAL MGMT **PO Box 1407**
6710 EMBASSY BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 204

City & State City & State
Port Richey FL **PORT RICHEY FL**
 Zip Zip Country Country
34668 **34673** **US** **US**

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-2351873 Not Applicable

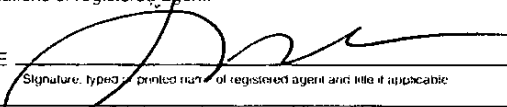
5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
DAVIDSON, ROGER
5640 FERGUSON CT
2307N
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent
 Name: **MARY ANN MYSZKOWIAK**
 Street Address (P.O. Box Number is Not Acceptable): **6710 EMBASSY BLVD Suite 204**
 City: **Port Richey** FL Zip Code: **34668**

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:  **MARY ANN MYSZKOWIAK** 4/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) 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

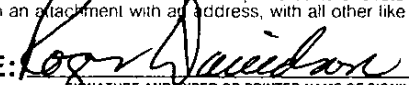
10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIDSON, ROGER	
STREET ADDRESS	5640 FERGUSON CT #2307	
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	D	<input type="checkbox"/> Delete
NAME	BUSCH, ROBERT	
STREET ADDRESS	5640 FERGUSON CT #2209	
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		<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		
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 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:  4/29/06