

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90113 045 \*\*\*\*61.25

**DOCUMENT # 756455**

1. Entity Name  
**RIVERSIDE BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**12498 RIVERSIDE DR  
FORT MYERS, FL 33919**

Mailing Address  
**16681 MCGREGOR BLVD  
STE 104  
FT MYERS, FL 33908 US**



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2263396** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TOP MANAGEMENT OF SW FL INC  
16681 MCGREGOR BLVD  
STE 104  
FT MYERS, FL 33908**

**7. Name and Address of New Registered Agent**

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

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, 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 **VD** ☐ Delete  
NAME **GIRODANO, ANTHONY**  
STREET ADDRESS **12498 RIVERSIDE DRIVE #205**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **PD** ☐ Delete  
NAME **ELLIS, RAYMOND**  
STREET ADDRESS **12498 RIVERSIDE DR #107**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **STD** ☒ Delete  
NAME **ROGUSLA, BRENDA**  
STREET ADDRESS **12498 RIVERSIDE DR #204**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **S/T CAMPBELL, JIM**  
STREET ADDRESS **12498 RIVERSIDE DR**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Change ☒ Addition  
NAME **BARBOSA, ETHEL**  
STREET ADDRESS **12498 RIVERSIDE DR**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Change ☒ Addition  
NAME **SAMBUCCI, FRANK**  
STREET ADDRESS **12436 RIVERSIDE DR**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Change ☐ 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 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:**

*Anthony J. Giordano*

**2/20/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #