## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # 758385



**FILED** Feb 06, 2006 8:00 am Secretary of State

1. Entity Name THE VILLAS OF RIVERSIDE CONDOMINIUM ASSOCIATION, INC.						02-	.06-2006 90	0075 021	****61.2	25
C/O CONDO MANAGEMENT ALTERNATIVE PO E			Mailing Address PO BOX 8506 CORAL SPRINGS, FL 3			1 - 10100 10201 1000	ABA <b>do n</b> ijek pokon eko	ı eren İleh elen		INIAI ON LOGI
2. Principal Place of Business 3. Ma			3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02012006 <sub>CI</sub>	ng-NP	CR2E03	7 (11/05)	
City & State		City & State			4. FEI Number 59-218201	2			pplied For at Applicable	
Zip	ip Country		Zip	p Country		5. Certificate of St	atus Desired		8.75 Add ee Require	
6. Name and Address of Current Registered			Registered Agent	Name		7. Name and Add	ress of New R	legistered A	gent	
CONDO MANAGEMENT ALTERNATIVE								<del></del>		
9365 WES CORAL SE		E ROAD #203 FL 33065		Stree	t Address (	(P.O. Box Number is I	Not Acceptable	e) 		
				City	<del></del>		<del></del>		Zip Code	<del>-</del>
The above named entity submits this statement for the purpose of changing its registere					or register	red agent, or both, in	the State of Fig	FL orida. Lam fa	amiliar with,	and accept
the obliga	tions of regist	tered agent.		J	Ū					
SIGNATURE	Signature lyned	or printed name of registered agent	and title if annimable (NOT	E: Registered Agent sig	mental (ecide	d when reinstating)		DATE		
			(100)	C. Frogration and Fright In Sec.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					]
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	_	e is \$61.25 flay 1, 2006		mpaign Financin Contribution.	g	\$5.00 May Be Added to Fees		lake check rida Depart		
10.	_		Trust Fund			\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	rida Depart	ment of St	tate
TITLE	PD PD	OFFICERS AND DI	Trust Fund	11.			Flor	rida Depart	ment of St	tate
TITLE NAME	PD BAUMGA	OFFICERS AND DI	Trust Fund	11. IITLE NAME	70		Flor	rida Depart	ment of SI	tate
TITLE	PD BAUMGAI	OFFICERS AND DI	Trust Fund	11.	70		Flor	rida Depart	ment of SI	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUMGAI	OFFICERS AND DI RDNER, SUSAN 3506	Trust Fund	11. TITLE NAME STREET ADDRES	70		Flor	rida Depart	ment of SI	tate  1 10  Addition
TITLE NAME STREET ADDRESS	PD BAUMGAI PO BOX 8 CORAL S	OFFICERS AND DI OFFICERS AND DI RDNER, SUSAN 3506 PRINGS, FL 33075	Trust Fund	11. TITLE NAME STREET ADDRES CITY-SI-ZIP	s Tb		Flor	rida Depart	ment of SI	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BAUMGAI PO BOX 6 CORAL S	OFFICERS AND DI RDNER, SUSAN 3506 PRINGS, FL 33075	Trust Fund	11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	T		Flor	rida Depart	ment of SI	tate  1 10  Addition
11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BAUMGAI PO BOX E CORAL S TD SEQUEIR PO BOX E CORAL S	OFFICERS AND DI RDNER, SUSAN 3506 PRINGS, FL 33075	Trust Fund	11.  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP  TITLE  NAME	S PD	ADDITIONS/CHANG	Flor	rida Depart	ment of SI	tate  1 10  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BAUMGAI PO BOX E CORAL S TD SEQUEIR PO BOX E CORAL S SD	OFFICERS AND DI RDNER, SUSAN 3506 PRINGS, FL 33075 A, JOSE 3506 PRINGS, FL 33075	Trust Fund	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	TD   SS   PD   SS   VS D	ADDITIONS/CHANG	Flor	rida Depart	ment of SI	tate  1 10  Addition
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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 air address, with all other like empowered.

Date

954-752-4796 Daytime Phone #