

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

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90301 006 ****61.25

DOCUMENT # 761534

1. Entity Name

RIVERSIDE PINES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**4377 NICOLE CIRCLE
TEQUESTA FL 33469**

Mailing Address

**4377 NICOLE CIRCLE
TEQUESTA FL 33469**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2503488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAURICE, TERRI
4377 NICOLE CIR.
TEQUESTA FL 33469**

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 re-registering)

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 ☐ Delete
NAME **D**
STREET ADDRESS **GRANT, TINA**
CITY-ST-ZIP **4440 COLETTE DR
TEQUESTA FL 33469**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MAURICE, TERRI**
CITY-ST-ZIP **4377 NICOLE CIR.
TEQUESTA FL**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **RUPER, JERRY**
CITY-ST-ZIP **4349 NICOLE
TEQUESTA FL 33469**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **PRESTON, SUSAN**
CITY-ST-ZIP **4355 NICOLE
TEQUESTA FL 33469**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **NELSON, RICHARD**
CITY-ST-ZIP **4392 COLETTE DR.
TEQUESTA FL 33469**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **LODRICK, VIRGINIA**
CITY-ST-ZIP **4376 NICOLE
TEQUESTA FL 33469**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **CONNIE VOSS**
CITY-ST-ZIP **4409 COLETTE DR
TEQUESTA, FL 33469**

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 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: *Connie Voss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 *561-747-7163*
Date Daytime Phone #