


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90020 016 ****61.25

| | | | | | |
|---|--------------------|---|--|---|--|
| DOCUMENT # 761594 | | | |  | |
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2503488 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MAURICE, TERRI 4377 NICOLE CIR. TEQUESTA FL 33469 | | | | 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 <u>Maurice</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| D | GRANT, TINA | 4440 COLETTE DR | TEQUESTA FL 33469 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| D | MAURICE, TERRI | 4377 NICOLE CIR. | TEQUESTA FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| PD | RUPER, JERRY | 4349 NICOLE | TEQUESTA FL 33469 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| SD | PRESTON, SUSAN | 4355 NICOLE | TEQUESTA FL 33469 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TD | VOSS, CONNIE | 4409 COLETTE DR | TEQUESTA FL 33469 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| VD | LODRICK, VIRGINIA | 4376 NICOLE | TEQUESTA FL 33469 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| SD | DAVIDA Weinberger | 4336 Nicole Circle | Tequesta, FL 33469 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TD | Randel Weatherston | 4409 Colette Dr. | Tequesta, FL 33469 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| D | Maxine Nelson | 4392 Colette Dr. | TEQUESTA, FL 33469 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |

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: Lew Maurice Director

4/10/07 561-762-7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #