

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761534

FILED
Jan 06, 2009
Secretary of State

Entity Name: RIVERSIDE PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4377 NICOLE CIRCLE
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

4377 NICOLE CIRCLE
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 59-2503488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WEINBERGER, DAVID A
Address: 4336 NICOLE CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: MAURICE, TERRI
Address: 4377 NICOLE CIR.
City-St-Zip: TEQUESTA, FL

Title: TD () Delete
Name: WEATHERTON, RANDEL
Address: 4409 COLETTE DR
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: NELSON, MAXINE
Address: 4392 COLETTE DR
City-St-Zip: TEQUESTA, FL 33469

Title: VD () Delete
Name: LODRICK, VIRGINIA
Address: 4376 NICOLE
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: WEINBERGER, DAVID A
Address: 4336 NICOLE CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: D (X) Change () Addition
Name: MAURICE, TERRI
Address: 4377 NICOLE CIR.
City-St-Zip: TEQUESTA, FL 33469

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BEYER, JEANETTE
Address: 4328 NICOLE CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI MAURICE

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date