## 2006 NOT-FOR-PROFIT CORPORATION

## Apr 21, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N00000003733 04-21-2006 90112 023 \*\*\*\*61.25 RIVERSIDE ESTATES PROPERTY ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 3065 6132 ROCKROSS AVE HOLIDAY, FL 34690 **NEW PORT RICHEY, FL 34655** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Chg-NP CR2E037 (11/05) Applied For City & State 4. FEI Number City & State 59-3686731 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOYCE ARRIVEE PRUSS, NORMA J Street Address (P.O. Box Number is Not Acceptable) 6132 ROCKROSS AVE **NEW PORT RICHEY, FL 34655** City RICHE 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 3-20-06 PRESIDEALT SIGNATURE d agent and title if applicab ered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition TITLE PO ☐ Delete TITLE ☐ Change MARK MANKO LARRIVEE, JOYCE NAME NAME 2928 SHIPSTON AUE 6223 ROCKROSS AVE STREET ADDRESS STREET ADDRESS NPR.FL 34655 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP Change **Addition** VD Delete TITLE TITLE NEAL PALMET 6255 ROCKZUSS HOOVER, ELAINE NAME NAME STREET ADDRESS **6316 ALCESTER DRIVE** STREET ADDRESS NEW PORT RICHEY, FL 34655 NPR, FL 3465 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE Delete RICK WESTENBERGER **HUTTERER, CRISTILYN** NAME NAME 6131 ROCK ROSS AUE NPR, FL 346 CC STREET ADDRESS STREET ADDRESS 6224 ROCKROSS AVE CITY-ST-7IP CITY-ST-ZIP NEW PORT RICHEY, FL 34655 Change ☐ Addition 1 Delete TD TITLE TITLE NORMA PILLES PRUSS, NORMA NAME NAME 6132 RUCKROSS AVE NPR, FL 34655 6132 ROCKROSS AVE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-ZIP CITY-ST-ZIP THOMAS JLATOUR, JR 6132 ROCKROSS AUE NOR, FL 34651 TITLE Change \* Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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 a statutes, with an other like ampowered. THOMAS J LATOUR UR 4/18/06 7*27 27 1 0108* 

FILED