

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005669

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: RIVERSIDE CENTER, INC.

**Current Principal Place of Business:**

8660 DANIELS PARKWAY  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

8660 DANIELS PARKWAY  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 65-1081097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIES, CHRISTOPHER N ESQ  
12601 WORLD PLAZA LANE, SUITE 2  
FT MYERS, FL 33907 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: PD ( ) Delete  
Name: BASIK, JEFF  
Address: 7870 EAGLES FLIGHT LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: STD ( ) Delete  
Name: SIEGEL, DOUG  
Address: 14067 DANPARK LOOP  
City-St-Zip: FORT MYERS, FL 33912

Title: VD ( ) Delete  
Name: JACOBS, RICHARD  
Address: 8876 FALLON POINT LOOP  
City-St-Zip: FT MYERS, FL 33912

Title: VD (X) Delete  
Name: CHAMBRE, DENISE  
Address: 804 CAPE VIEW DRIVE  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: SIEGEL, DOUG  
Address: 14067 DANPARK LOOP  
City-St-Zip: FORT MYERS, FL 33912

Title: STD (X) Change ( ) Addition  
Name: CHAMBRE, DENISE  
Address: 804 CAPE VIEW DRIVE  
City-St-Zip: FORT MYERS, FL 33919

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: JEFF BASIK

PD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date