

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90034 014 \*\*\*\*61.25

**DOCUMENT # N02000006605**

1. Entity Name

RIVERSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

C/O BRISTOL MGMT. SERVICES  
1930 COMMERCE LANE, #1  
JUPITER FL 33458  
US

Mailing Address

1930 COMMERCE LANE  
SUITE #1  
JUPITER FL 33458  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0778729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRAUS, ARNOLD M JR.  
10081 PINES BOULEVARD  
SUITE C  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name Steve Inglis

Street Address (P.O. Box Number is Not Acceptable)

C/O Bristol Management  
1930 Commerce Lane, Suite 1

City Jupiter

FL Zip Code 33458

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SPEAR, JEFFREY	
STREET ADDRESS	3721 S.W. 47TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	SPEAR, DAVID A	
STREET ADDRESS	3721 S.W. 47TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, DIANE S	
STREET ADDRESS	3721 S.W. 47TH AVE., STE. 307	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY E NICHOLS	
STREET ADDRESS	133 MAGNOLIA WAY	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faith Martin	
STREET ADDRESS	145 Magnolia Way	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimberly Vincelli	
STREET ADDRESS	145 Magnolia Way	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kimberly A Vincelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

Daytime Phone #