


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90051 015 ****61.25

DOCUMENT # N02000006605 1. Entity Name RIVERSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 13170 BONNETTE DRIVE PALM BEACH GARDENS, FL 33418 US			Mailing Address 13170 BONNETTE DRIVE PALM BEACH GARDENS, FL 33418 US		
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		Country		4. FEI Number 01-0778729	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOSENBAUM, STUART D CFP 116 INTERNATIONAL POINTE DR #200 JUPITER, FL 33477				7. Name and Address of New Registered Agent Name <u>WENDY CLOUTIER</u> Street Address (P.O. Box Number is Not Acceptable) <u>110 MAGNOLIA WAY</u> City <u>TEQUESTA</u> FL Zip Code <u>33469</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing 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-ST-ZIP	P HAYES, JOHN 123 MAGNOLIA WAY JUPITER, FL 33469	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	President <u>NIKKIE PHILLIPS</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Wendy Cloutier</u> 110 Magnolia Way <u>123 MAGNOLIA WAY</u> <u>Tequesta, FL 33469</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOSENBAUM, STUART D 149 MAGNOLIA WAY JUPITER, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>LOU LWOWSKI</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>MAGNOLIA WAY</u> <u>TEQUESTA FL 33469</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POERIO, WAYNE 132 MAGNOLIA WAY TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>WENDY CLOUTIER</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>110 MAGNOLIA WAY</u> <u>TEQUESTA FL 33469</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/25/07</u> Daytime Phone # <u>561 575 4473</u>		