


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90009 025 \*\*\*\*61.25

<b>DOCUMENT # N02000006605</b> 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 #  Suite, Apt. #, etc.			3. Mailing Address  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  CLOUTIER, WENDY 110 MAGNOLIA WAY JUPITER, FL 33469				7. Name and Address of New Registered Agent  Name <u>Stuart Boxenbaum</u> Street Address (P.O. Box Number is Not Acceptable) <u>149 Magnolia Way</u> City <u>Tequesta</u> <u>FL</u> 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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, NIKKIE 121 MAGNOLIA WAY TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Hayes 123 Magnolia Way V.P. Tequesta FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LWOWSKI, LOU MAGNOLIA WAY TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott Biech 158 Magnolia Way Tequesta FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLOUTIER, WENDY 110 MAGNOLIA WAY TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stuart Boxenbaum 149 Magnolia Way Tequesta FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-24-08 561-201-4418 <small>12/20/07 12/20/07</small>		