2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N02000009067

Entity Name: RIVERSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5297 S. CHEROKEE WAY
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

5297 S. CHEROKEE WAY
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 04-3727950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERTOCH, CARL A
7655 W. GULF TO LAKE HWY., SUITE 13
CRYSTAL RIVER, FL 34429 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: OAKES, GAIL G
Address: 5297 S. CHEROKEE WAY
City-St-Zip: HOMOSASSA, FL 34448

Title: VD ( ) Delete
Name: COLLER, DONALD M
Address: 5297 S. CHEROKEE WAY
City-St-Zip: HOMOSASSA, FL 34448

Title: STD ( ) Delete
Name: HOOKER, RONALD L
Address: 5297 S. CHEROKEE WAY
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: COLLIER, MARIBETH
Address: 5297 S. CHEROKEE WAY
City-St-Zip: HOMOSASSA, FL 34448

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: GAIL OAKES PD 04/25/2008

Electronic Signature of Signing Officer or Director — Date