

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009067

FILED  
Apr 29, 2010  
Secretary of State

**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:**

OAKES, GAIL  
5297 S. CHEROKEE WAY  
HOMOSASSA, FL 34448 US

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:** GAIL OAKES

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** OAKES, GAIL G  
**Address:** 5297 S. CHEROKEE WAY  
**City-St-Zip:** HOMOSASSA, FL 34448

**Title:** VD  
**Name:** COLLIER, DONALD M  
**Address:** 5297 S. CHEROKEE WAY  
**City-St-Zip:** HOMOSASSA, FL 34448

**Title:** STD  
**Name:** COLLIER, MARIBETH  
**Address:** 5297 S. CHEROKEE WAY  
**City-St-Zip:** HOMOSASSA, FL 34448

I hereby 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 all other like empowered.

**SIGNATURE:** GAIL OAKES

PD

04/29/2010

Electronic Signature of Signing Officer or Director

Date