


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001082 1. Entity Name RIVERSIDE RECREATION ASSOCIATION, INC.	
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Principal Place of Business 5297 S. CHEROKEE WAY HOMASASSA, FL 34448	Mailing Address 5297 S. CHEROKEE WAY HOMASASSA, FL 34448
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DO NOT WRITE IN THIS SPACE



07212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 06-1687985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent BERTOCH, CARL A 7655 W. GULF TO LAKE HWY #13 CRYSTAL RIVER, FL 34448	DO NOT WRITE IN THIS SPACE
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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 September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OAKES, GAIL G 5297 S. CHEROKEE WAY HOMASASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLLER, DONALD M 5297 S. CHEROKEE WAY HOMASASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOOKER, RONALD L 5297 S. CHEROKEE WAY HOMASASSA, FL 34448
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08/11/05-80003-002 61.25

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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, and all other like empowered.

SIGNATURE Gail G. Oakes PD August 8, 2005 352-628-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GAIL G. OAKES