

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N03000001082

1. Entity Name
RIVERSIDE RECREATION ASSOCIATION, INC.



Principal Place of Business
5297 S. CHEROKEE WAY
HOMASASSA, FL 34448

Mailing Address
5297 S. CHEROKEE WAY
HOMASASSA, FL 34448



03152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. 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**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OAKES, GAIL G
STREET ADDRESS	5297 S. CHEROKEE WAY
CITY - ST - ZIP	HOMASASSA, FL 34448

TITLE	DV
NAME	COLLER, DONALD M
STREET ADDRESS	5297 S. CHEROKEE WAY
CITY - ST - ZIP	HOMASASSA, FL 34448

TITLE	DST
NAME	HOOKE, RONALD L
STREET ADDRESS	5297 S. CHEROKEE WAY
CITY - ST - ZIP	HOMASASSA, FL 34448

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Gail G. Oakes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2006
Date

Daytime Phone #