

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001082

FILED
Apr 25, 2008
Secretary of State

Entity Name: RIVERSIDE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

5297 S. CHEROKEE WAY
HOMASASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

5297 S. CHEROKEE WAY
HOMASASSA, FL 34448

New Mailing Address:

FEI Number: 06-1687985

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 #13
CRYSTAL RIVER, FL 34448 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: DP () Delete
Name: OAKES, GAIL G
Address: 5297 S. CHEROKEE WAY
City-St-Zip: HOMASASSA, FL 34448

Title: DV () Delete
Name: COLLIER, DONALD M
Address: 5297 S. CHEROKEE WAY
City-St-Zip: HOMASASSA, FL 34448

Title: DST () Delete
Name: HOOKER, RONALD L
Address: 5297 S. CHEROKEE WAY
City-St-Zip: HOMASASSA, 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: DST (X) Change () Addition
Name: COLLIER, MARIBETH
Address: 5297 S. CHEROKEE WAY
City-St-Zip: HOMASASSA, 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

DP

04/25/2008

Electronic Signature of Signing Officer or Director

Date