

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

04-19-2004 90337 040 ****61.25

DOCUMENT # N03000001136 1. Entity Name RIVERSIDE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business POST OFFICE BOX 4110 BOCA RATON, FL 33429		Mailing Address POST OFFICE BOX 4110 BOCA RATON, FL 33429	
2. Principal Place of Business 816 S RIVERSIDE DR Suite, Apt. #, etc.		3. Mailing Address 816 S RIVERSIDE DR Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL Zip 33062		City & State POMPANO BEACH, FL Zip 33062	
Country US		Country US	
4. FEI Number 03-0506379		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, ZVI 2070 N. OCEAN BLVD. APT. 3 BOCA RATON, FL 33031		7. Name and Address of New Registered Agent Name ANDREA CARBONE Street Address (P.O. Box Number is Not Acceptable) 816 S RIVERSIDE DR City POMPANO BEACH	
State FL		Zip Code 33062	
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 4/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE RANDY JOHNSON, PRESIDENT <input type="checkbox"/> Delete	NAME 812 S RIVERSIDE DR	TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS POMPANO BEACH, FL 33062	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE ANDREA CARBONE VP <input type="checkbox"/> Delete	NAME 816 S RIVERSIDE DR	TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS POMPANO BEACH, FL 33062	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME <input type="checkbox"/> Delete	TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME <input type="checkbox"/> Delete	TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME <input type="checkbox"/> Delete	TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/15/04 <small>Daytime Phone #</small>	

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