

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005444

FILED
Apr 22, 2010
Secretary of State

Entity Name: RIVERSIDE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223

New Principal Place of Business:

12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223

Current Mailing Address:

P.O. BOX 600033
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 03-0521054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223 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: ELAINE BROOKS

04/22/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SIMPO, DETRA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: VP
Name: JACOBSON, JOANN
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: FRANCOEUR, JOSEPH
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: S
Name: LEBLANC, PATRICIA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: T
Name: BOUTROS, TONY
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

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: DETRA SIMPOS

P

04/22/2010

Electronic Signature of Signing Officer or Director

Date