

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90028 019 \*\*\*\*75.00

<b>DOCUMENT # N03000006107</b>			
1. Entity Name <b>RIVERSIDE RETREAT HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>4929 GILMORE RD HOLT FL 35404</b>		Mailing Address <b>P.O. BOX 212 MILLIGAN FL 32537</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



34004037



MOORE CR2E037 (11/03)

4. FEI Number  
**71-0959704**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>GILMORE, JAMES C 4929 GILMORE RD HOLT FL 35404</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ **\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>P/D Clayton Gilmore</b>
STREET ADDRESS		STREET ADDRESS	<b>4929 Gilmore Rd</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Holt FL 32564</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>V/D Beverly Rosson</b>
STREET ADDRESS		STREET ADDRESS	<b>5050 Rosson Cove</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Crestview FL 32536</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>T/S Doria Gilmore</b>
STREET ADDRESS		STREET ADDRESS	<b>4929 Gilmore Rd</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Holt FL 32564</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D Teddy Jones</b>
STREET ADDRESS		STREET ADDRESS	<b>523 Shortwell Av</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Crestview FL 32539</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D Timothy Reiling</b>
STREET ADDRESS		STREET ADDRESS	<b>1393 S. Pearl St</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Crestview FL 32539</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D Hayward T Hayes</b>
STREET ADDRESS		STREET ADDRESS	<b>204 Powell Dr</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Crestview FL 32536</b>

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:** James C. Gilmore **1-28-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #