


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006107	
1. Entity Name RIVERSIDE RETREAT HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business
4929 GILMORE RD
HOLT, FL 35404

Mailing Address
P.O. BOX 212
MILLIGAN, FL 32537



05012006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0959704	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GILMORE, JAMES C
4929 GILMORE RD
HOLT, FL 35404

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZEGEL, PETER 102 NICOLE LANE CRESTVIEW, FL 32539
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSSON, BEVERLY 5050 ROSSON COVE CRESTVIEW, FL 32536
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS REILING, BRENDA 1393 S. PENOL ST. CRESTVIEW, FL 32539
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, TEDDY 523 SHORTWELL AVE. CRESTVIEW, FL 32539
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILING, TIMOTHY 1393 S. PEARL ST. CRESTVIEW, FL 32539
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, HAYWARD T 204 POWELL DR. CRESTVIEW, FL 32536
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05/19/06-80031-024 61.25

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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: *For Peter Zegel* *4/29/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

By Michael S. H. Sullivan Agent