

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006107

FILED
Apr 15, 2008
Secretary of State

Entity Name: RIVERSIDE RETREAT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4929 GILMORE RD
HOLT, FL 35404

New Principal Place of Business:

102 NICOLE LN
CRESTVIEW, FL 32539

Current Mailing Address:

P.O. BOX 212
MILLIGAN, FL 32537

New Mailing Address:

102 NICOLE LN
CRESTVIEW, FL 32539

FEI Number: 71-0959704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GILMORE, JAMES C
4929 GILMORE RD
HOLT, FL 35404 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: REGISTERED AGENT IS DECEASED

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZEGEL, PETER
Address: 102 NICOLE LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: V () Delete
Name: ROSSON, BEVERLY
Address: 5050 ROSSON COVE
City-St-Zip: CRESTVIEW, FL 32536

Title: TS () Delete
Name: REILING, BRENDA
Address: 1393 S. PENOL ST.
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: JONES, TEDDY
Address: 523 SHORTWELL AVE.
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: REILING, TIMOTHY
Address: 1393 S. PEARL ST.
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: HAYES, HAYWARD T
Address: 204 POWELL DR.
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GIBSON, GORDON J
Address: 5197 BONE CREEK RD
City-St-Zip: BAKER, FL 32531

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: PETER ZEGEL

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date