

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N03768 (1)
1. Corporation Name
RIVERSIDE PARK OWNER'S ASSOCIATION, INC.

Principal Place of Business 4900 N HARBOR CITY BLVD MELBOURNE FL 32935 US	Mailing Address BOX 410009 MELBOURNE FL 32941
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2569403	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Quantity 30

9. Name and Address of Current Registered Agent

**GENONI, JOHN P
4900 N HARBOR CITY BLVD
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when nominating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME GENONI, JOHN	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4900 N HARBOR CITY BLVD	CITY ST ZIP MELBOURNE FL	12 NAME	
TITLE D	NAME GENONI, RUTH A	13 STREET ADDRESS	
STREET ADDRESS 4900 N HARBOR CITY BLVD	CITY ST ZIP MELBOURNE FL	14 CITY - ST - ZIP	
TITLE D	NAME GENONI, JOHN M	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4900 N HARBOR CITY BLVD	CITY ST ZIP MELBOURNE FL	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Genoni DATE: 4/28/95 TELEPHONE: 407-255-7601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR