

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Safdra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03768 (1)

1. Corporation Name

RIVERSIDE PARK OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4900 N HARBOR CITY BLVD
MELBOURNE FL 32935
US

BOX 410009
MELBOURNE FL 32941

3. Date Incorporated or Qualified
06/19/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 333 574 Avenue

26 PO Box 410009

4. FEI Number

59-2569403

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Indiantown, Fla

28 Melbourne, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32908

25 USA

29 32941

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name John P Genoni

82 Street Address (P.O. Box Number is Not Acceptable)

83 333 574 Avenue Suite 2

84 Indiantown

City

FL

85 Zip Code

32903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GENONI, JOHN
STREET ADDRESS 4900 N HARBOR CITY BLVD
CITY - ST - ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ DELETE

NAME GENONI, JOHN M
STREET ADDRESS 4900 N HARBOR CITY BLVD
CITY - ST - ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ DELETE

NAME Charles Genoni
STREET ADDRESS 333 574 Ave
CITY - ST - ZIP Indiantown, Fla

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 758 Glangary Drive ☒ Change ☐ Addition

1.2 NAME Melbourne, Fla 32941

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE 200001803752 ☒ Change ☐ Addition

2.2 NAME -05/01/96--01104--020

2.3 STREET ADDRESS ***61.25

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 333 574 Ave

3.4 CITY - ST - ZIP Indiantown, Fla 32903

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 333 574 Ave

5.4 CITY - ST - ZIP Indiantown, Fla 32903

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(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:

Signature and typed or printed name of signing officer or director

2/06/96

Date

407-768-1800

Daytime Phone

SCF 5-1-96

CR2E037 (12/95)