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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03768** (1)

1. Corporation Name

RIVERSIDE PARK OWNER'S ASSOCIATION, INC.

Principal Place of Business

**333 5TH AVE
SUITE 2
INDIALANTIC FL 32903
06**

Mailing Address

**BOX 410009
MELBOURNE FL 32941-0009**



2. Principal Place of Business

21 2715 N Harbor City Blvd

Suite, Apt. #, etc.

22 Suite 9

City & State

23 Melbourne FL

Zip

24 32935

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/19/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2569403

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐ Yes ☐ No

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
333 5TH AVE
SUITE 2
INDIALANTIC FL 32903**

81 Name

82

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

2715 N Harbor City Blvd

83 Suite 9

City

84 Melbourne

FL

85 Zip Code

32935

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 **John Genoni PD**

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

John Genoni

(Name of Registered Agent signature required when registering)

January 20, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **GENONI, JOHN**
STREET ADDRESS **766 GLENGARY DR**
CITY- ST- ZIP **MELBOURNE FL 32946**

☐ DELETE

TITLE **D**
NAME **GENONI, JOHN M**
STREET ADDRESS **333 5TH AVE #2**
CITY- ST- ZIP **INDIALANTIC FL 32903**

☐ DELETE

TITLE **D**
NAME **GENONI, CHARLES**
STREET ADDRESS **333 5TH AVE #2**
CITY- ST- ZIP **INDIALANTIC FL 32903**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **2715 N Harbor City Blvd Suite 9**

1.4 CITY- ST- ZIP **Melbourne FL 32935**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **2715 N Harbor City Blvd Suite 9**

2.4 CITY- ST- ZIP **Melbourne FL 32935**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **2715 N Harbor City Blvd Suite 9**

3.4 CITY- ST- ZIP **Melbourne FL 32935**

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

5.4 CITY- ST- ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)