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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90004 007 ****61.25

SECURACY

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N03768

1. Corporation Name
RIVERSIDE PARK OWNER'S ASSOCIATION, INC.

Principal Place of Business: 2715 N. HARBOR CITY BLVD. SUITE 9 MELBOURNE FL 32935 US
 Mailing Address: BOX 410009 MELBOURNE FL 32941



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/19/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2569403	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GENONI, JOHN P 2715 N. HARBOR CITY BLVD. SUITE 9 BELBOURNE FL 32935				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
	Melbourne FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENONI, JOHN	1.2 NAME	
STREET ADDRESS	2715 N. HARBOR CITY BLVD., SUITE 9	1.3 STREET ADDRESS	3410 N Harbor City Blvd Suite A
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne FL 32935
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENONI, JOHN M	2.2 NAME	
STREET ADDRESS	2715 N. HARBOR CITY BLVD., SUITE 9	2.3 STREET ADDRESS	3410 N Harbor City Blvd Suite A
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne FL 32935
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENONI, CHARLES	3.2 NAME	
STREET ADDRESS	2715 N. HARBOR CITY BLVD., SUITE 9	3.3 STREET ADDRESS	3410 N Harbor City Blvd Suite A
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne FL 32935
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 12/31/98 DAYTIME PHONE #: 407-255-7601

CR2E037 (1/98)