

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91559 040 ****61.25

DOCUMENT # N03768
1. Entity Name
RIVERSIDE PARK OWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4760 N US 1		3. Mailing Address PO BOX 410069	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc.	
City & State MELBOURNE, FLORIDA		City & State MELBOURNE, FLORIDA	
Zip 32935	Country	Zip 32905	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2569403	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John P Genoni	
Street Address (P.O. Box Number is Not Acceptable) 4760 N US #1	
City Suite 201	Zip Code FL 32935

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Genoni, John P Jr 4760 N US #1 Suite 201 Melbourne, Fl 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Genoni, John M 4760 N US#1 Suite 201 Melbourne, Fl 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Genoni, Charles 4760 N US#1 Suite 201 Melbourne, Fl 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John M Genoni** (321)255-7601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date