

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90006 023 ****61.25

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01252006 Chg-NP CR2E037 (11/05)

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|--|---|---|--|---|--|
| DOCUMENT # N04000008415 1. Entity Name RIVERSIDE VILLAS, INC. | | | | | |
| Principal Place of Business 722 NORTH ANDREWS AVE FORT LAUDERDALE, FL 33311 | | | Mailing Address 722 NORTH ANDREWS AVE FORT LAUDERDALE, FL 33311 | | |
| 2. Principal Place of Business 712 SW 14TH AVENUE Suite, Apt. #, etc. | | 3. Mailing Address 712 SW 14TH AVENUE Suite, Apt. #, etc. | | | |
| City & State FT. LAUDERDALE, FL Zip 33312 | | City & State FT. LAUDERDALE, FL Zip 33312 | | 4. FEI Number 20-1693049 Applied For <input type="checkbox"/> Not Applicable | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TRANTAILS, DEAN J ESQ 2255 WILTON DRIVE WILTON MANORS, FL 33305 | | | 7. Name and Address of New Registered Agent Name ALLEN, MATTHEW F. Street Address (P.O. Box Number is Not Acceptable) 712 SW 14TH AVE, #4 City FT. LAUDERDALE FL Zip Code 33312 | | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Matthew F. Allen</i></u> , <u>TRANTAILS</u> <u>1/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FELEPPA, DIANN 722 NORTH ANDREWS AVE FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST CAVALLIO, KIRK NE 15TH AVE FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LANEY, BRIAN 716 SW 14TH AVE, #4 FT LAUD, FL 33312 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GARTNER, TARA 716 SW 14TH AVE, #3 FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BLANK, THURESA 716 SW 14TH AVE, #2 FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ALLEN, MATTHEW 712 SW 14TH AVE, #4 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Matthew F. Allen</i></u> , <u>TRANTAILS</u> <u>1/26/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>954 295 4301</u> <small>Date Daytime Phone #</small> | | |