

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90042 038 ****61.25

DOCUMENT # N04000010500					
1. Entity Name TWENTY-ONE RIVERSIDE DRIVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 21 RIVERSIDE DRIVE COCOA, FL 32922			Mailing Address 21 RIVERSIDE DRIVE COCOA, FL 32922		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1860344	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, PETEY 1980 N ATLANTIC AVE SUITE 701 COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <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, 2008		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	VD SULLIVAN, DONNA 21 RIVERSIDE DRIVE, UNIT 301 COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Mayhew, Andre 21 Riverside Dr #502 COCOA FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRAR, DEBBIE 21 RIVERSIDE DRIVE, UNIT 702 COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYS, CHUCK 21 RIVERSIDE DRIVE, UNIT 402 COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D mays, chuck	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NEAL, GINNY 21 RIVERSIDE DR SUITE 401 COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHTER, JOAN 21 RIVERSIDE DR SUITE 801 COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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>Debra O Farrar</u> 4/1/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					