## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N05000010003



FILED Apr 20, 2006 8:00 am Secretary of State

RIVERSIDE WOODS NEIGHBORHOOD ORGANIZATION INC.								04-20-2006 90205 029 ****61.25				
7776 COMPASS DRIVE 7			7776	Mailing Address 7776 COMPASS DRIVE ORLANDO, FL 32810								
Principal Place of Business 3. N				B. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04182006	Chg-NP	CR2E0	37 (11/05)		
City & State			Cit	City & State				4. FEI Number 5 4 2	1726	07	N	oplied For ot Applicable
Zip	Country			ip Country				5. Certificate of Status Desired				
	6. Name	and Address of Curren	t Registere	d Agent		Nama		7. Name and A	dress of New	Registered	Agent	
MAYER-GARRISON, JENNIFER J 7776 COMPASS DRIVE ORLANDO, FL 32810					Name  Street Address (P.O. Box Number is Not Acceptable)							
						City				FL	Zip Coo	le
	named entity tions of registe	y submits this statement ( ered agent.	for the purp	ose of changing its	register	ed office or r	register	ed agent, or both,	in the State of F	lorida. I am	tamiliar with	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE												
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if app	licable. (NOTI	:: Registere	d Agent signature	periuper er	when reinstating)		DATE		
SIGNATURE .	Filing Fe	or printed name of registered ager e is \$61.25 lay 1, 2006	nt and title if app	9. Election Car Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees		DATE  Make checlorida Depar		
SIGNATURE	Filing Fed Due by M	e is \$61.25		9. Election Car	npaign F	inancing		\$5.00 May Be	Flo	Make checi orida Depar	tment of S	tate
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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:

SIGN DORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 407 822-

Daytime Phone #