

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -4 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06519	
1. Entity Name RIVERSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 4313 TIBURON DRIVE NEW PORT RICHEY, FL 34655-1628	Mailing Address 4313 TIBURON DRIVE NEW PORT RICHEY, FL 34655-1628
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number 59-2625666		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KOPP, ANDREW 4305 TIBURON DR NEW PORT RICHEY, FL 34655  <i>Andrew Kopp</i>		
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 *Andy Kopp* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	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	PD KOPP, ANDREW 4305 TIBURON DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000082255830 12/04/06--01050--012 **245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, NANCIE 4319 TIBURON DR NEW PORT RICHEY, FL 34655 <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	CD HOKANSON, NANCY 4307 TIBURON DRIVE NEW PORT RICHEY, FL 34655 <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	VD MUSTO, BARBARA 4339 TIBURON DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Lynne M. Tidroski <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4329 Tiburon Dr New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DB HESS, LINDA 4325 TIBURON DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Laura Trumbull <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4311 Tiburon Dr New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Nancy S. Miller* *Andy Kopp* 11-6-06 727-375-2951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #