

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90003 013 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2625666**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**KOPP, ANDREW  
4305 TIBURON DR  
NEW PORT RICHEY FL 34655**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TRUMBULL, LAURA  
STREET ADDRESS 4311 TIBURON DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE STD ☐ Delete  
NAME MILLER, NANCIE  
STREET ADDRESS 4319 TIBURON DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE CD ☐ Delete  
NAME HOKANSON, NANCY  
STREET ADDRESS 4307 TIBURON DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE DVP ☐ Delete  
NAME TIDROSKI, LYNNE M  
STREET ADDRESS 4329 TIBURON DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE S ☐ Delete  
NAME TRUMBULL, LAURA  
STREET ADDRESS 4311 TIBURON DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Barbara Musto  
STREET ADDRESS 4339 Tiburon Dr  
CITY-ST-ZIP N.P.R. FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☒ Change ☐ Addition  
NAME Laura Trumbull  
STREET ADDRESS 4311 Tiburon Dr  
CITY-ST-ZIP N.P.R. FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition  
NAME Janet Ferguson  
STREET ADDRESS 4317 Tiburon Dr  
CITY-ST-ZIP N.P.R. FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Nancie S. Miller* Treasurer **Nancie S. Miller**