

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06519

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** RIVERSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4319 TIBURON DRIVE  
NEW PORT RICHEY, FL 346551628

**New Principal Place of Business:**

**Current Mailing Address:**

4319 TIBURON DRIVE  
NEW PORT RICHEY, FL 346551628

**New Mailing Address:**

**FEI Number:** 59-2625666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, NANCIE  
4319 TIBURON DR  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COUTURE, KATHERINE  
Address: 4305 TIBURON DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD  
Name: MILLER, NANCIE S  
Address: 4319 TIBURON DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: CD  
Name: TRUMBULL, LAURA  
Address: 4311 TIBURON DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVP  
Name: TIDROSKI, LYNNE M  
Address: 4329 TIBURON DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S  
Name: FERGUSON, JANET  
Address: 4317 TIBURON DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCIE S MILLER

TREA

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date