2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007777

Apr 23, 2008 Secretary of State

Entity Name: RIVERSIDE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15485 EAGLE NEST LANE SUITE 200 427 SW 6 STREET MIAMI LAKES, FL 33014 MIAMI, FL 33130

Current Mailing Address: New Mailing Address:

15485 EAGLE NEST LANE SUITE 200 8022 NW 158 TERRACE MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33016

FEI Number: 26-1958722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LORENZO, CARLOS LORENZO, CARLOS 15485 EAGLE NEST LANE SUITE 200 8022 NW 158 TERRACE MIAMI LAKES, FL 33014 US MIAMI LAKES, FL 33016

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: CARLOS LORENZO 04/23/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LORENZO, CARLOS LORENZO, CARLOS Name: Name:

15485 EAGLE NEST LANE SUITE 200 Address: 8022 NW 158 TERRACE Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33016

Title: Title: (X) Change () Addition () Delete

LORENZO, ANTOLIANO R Name: LORENZO, ANTOLIANO R Name:

Address: 15485 EAGLE NEST LANE SUITE 200 Address: 1763 W 79 STREET City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: HIALEAH, FL 33014

Title: () Delete Title: (X) Change () Addition

LORENZO, ANTONIO LORENZO, ANTONIO Name: Name: 15485 EAGLE NEST LANE SUITE 200 8022 NW 158 TERRACE Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33016

Title: DS () Delete Title: DS (X) Change () Addition

Name: RAMIREZ, ERIK Name: RAMIREZ, ERIK 15485 EAGLE NEST LANE SUITE 200 Address: Address: 8022 NW 158 TERRACE

City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS LORENZO DP 04/23/2008