


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N07630 1. Entity Name RIVERSIDE CONDOMINIUM ASSOCIATION OF DEBARY, INC. |  |
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|---|---|
| Principal Place of Business 190 NORTH WESTMONTE DR. SUITE 100 ALTAMONTE SPRINGS, FL 32714 US | Mailing Address 190 NORTH WESTMONTE DR. SUITE 100 ALTAMONTE SPRINGS, FL 32714 US |
|---|---|



02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 95-4159807 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CAMPBELL, MARILYN C 190 N WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROBINSON, HENRY III 313 DIRKSEN DR E3 DEBARY, FL 32713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS VEGA, CARMEN 313 DIRKSEN DRIVE, C-12 DEBARY, FL 32713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KOCH, RICHARD 313 DIRKSEN DRIVE, C-10 DEBARY, FL 32713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAW, KATHLEEN 313 DIRKSEN DR F14 DEBARY, FL 32713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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04/29/05-80003-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

SIGNATURE: X [Signature] 4/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #