

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07630

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: RIVERSIDE CONDOMINIUM ASSOCIATION OF DEBARY, INC.

**Current Principal Place of Business:**

313 DIRKSEN DRIVE  
UNIT Z1  
DEBARY, FL 32713 US

**New Principal Place of Business:**

**Current Mailing Address:**

313 DIRKSEN DRIVE  
UNIT Z1  
DEBARY, FL 32713 US

**New Mailing Address:**

FEI Number: 95-4159807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FOROSTOSKI, NICOLE  
313 DIRKSEN DRIVE  
UNIT B11  
DEBARY, FL 32713 US

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

YORK, BRENDA  
313 DIRKSEN DR  
UNIT F6  
DEBARY, FL 32713 US

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: BRENDA YORK

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MCKEE, LYNN  
Address: 313 DIRKSEN DR #A5  
City-St-Zip: DEBARY, FL 32713

Title: P ( ) Delete  
Name: ADAM, CAIRO  
Address: 943 PRESCOTT BLVD  
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Delete  
Name: BRENDA, YORK  
Address: 313 DIRKSEN DR #F6  
City-St-Zip: DEBARY, FL 32713

Title: AS (X) Delete  
Name: NICOLE, FOROSTOSKI  
Address: 313 DIRKSEN DRIVE #B11  
City-St-Zip: DEBARY, FL 32713

Title: T ( ) Delete  
Name: MARY JO, REYNOLDS  
Address: 313 DIRKSEN DRIVE #C6  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRENDA YORK

VP

04/17/2009

Electronic Signature of Signing Officer or Director

Date