


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90071 046 \*\*\*\*61.25

<b>DOCUMENT # N11745</b> 1. Entity Name <b>RIVERSIDE CONDOMINIUM ASSOCIATION OF BREVARD, INC.</b>					
Principal Place of Business <b>3220 RIVER VILLA WAY MELBOURNE BEACH FL 32951</b>			Mailing Address <b>3220 RIVER VILLA WAY MELBOURNE BEACH FL 32951</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2553831</b>	
6. Name and Address of Current Registered Agent  <b>DEVITO, MICHAEL 3220 RIVER VILLA WY # 164 MELBOURNE BEACH FL 32951</b>				7. Name and Address of New Registered Agent Name <b>Richard Prendergast</b> Street Address (P.O. Box Number is Not Acceptable) <b>3220 River Villa Way #144</b> <b>Melbourne Beach,</b> City <b>FL</b> Zip Code <b>32951</b>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent is required when applicable.</small>				DATE <b>3-30-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make Check Payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOHNER, GLORIA 3220 RIVER VILLA WY, # 143 MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Richard Prendergast 3220 River Villa Way #144 Melbourne Beach, FL. 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WARD, BARBARA 3220 RIVER VILL WY, #123 MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Ann Gray 3220 River Villa Way #162 Melbourne Beach, FL. 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEVITO, MICHAEL 3220 RIVER VILLA WY, # 164 MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Gloria Lohner 3220 River Villa Way #143 Melbourne Beach, FL. 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOODRUM, LAI S 3220 RIVER VILLA WY, # 134 MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Kathryn Clarke 3220 River Villa Way #165 Melbourne Beach, FL. 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNS, ARLENE 3220 RIVER VILLA WAY - 132 MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Arlene Johns 3220 River Villa Way #132 Melbourne Beach, FL. 32951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>3-30-07</b> 321-725-0482 <small>Date Daytime Phone #</small>	