2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21511

FILED Apr 24, 2009 Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF RIVERSIDE VILLAGE, INC.

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

12600 NW HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US
12600 HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US

Current Mailing Address: New Mailing Address:

12600 NW HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US
12600 HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US

FEI Number: 59-2837409 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:

CORNETT, JANE
401 E OSCEOLA STREET, FIRST FLOOR
STUART, FL 34994 US
CORNETT, JANE
401 E OSCEOLA ST.
STUART, FL 34994 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: 04/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: O'BOYLE, HUGH Name: O'BOYLE, HUGH

Address: 12446 HARBOUR RIDGE BLVD Address: 12446 HARBOUR RIDGE BLVD
City-St-Zip: PALM BEACH, FL 34990 City-St-Zip: PALM BEACH, FL 34990 US

Title: DT () Delete Title: DT (X) Change () Addition Name: COMISKY, FRANK Name: COMISKY, FRANK

Address: 12444 HARBOUR RIDGE BLVD Address: 12444 HARBOUR RIDGE BLVD
City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 US

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

 Name:
 BONK, HARRY
 Name:
 STILWELL, SUMMER

 Address:
 12494 HARBOUR RIDGE BLVD
 Address:
 12486 HARBOUR RIDGE BLVD.

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:
 PALM CITY, FL 34990 US

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

 Name:
 STILWELL, C. SUMNER
 Name:

 Address:
 12486 HARBOUR RIDGE BLVD
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 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: WILLIAM O'BOYLE DP 04/24/2009