

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90053 044 \*\*\*\*61.25

**DOCUMENT # N25313**

1. Entity Name

RIVERSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

9850 AMAZON DR. 4428 KONGA COURT  
NEW PORT RICHEY FL 34655  
US

Mailing Address

5320 LITTLE ROAD  
PMB 120  
NEW PORT RICHEY FL 34655  
US

00016707



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

4428 KONGA COURT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

Zip

34655

Country

USA

Zip

Country

4. FEI Number

59-2890875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARMERIE, MARIA  
9850 AMAZON DR.  
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name

Doug Bacon

Street Address (P.O. Box Number is Not Acceptable)

4428 KONGA COURT

City

New Port Richey

FL

Zip Code

34655

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

Signature typed or printed name of registered agent and title if applicable

President

(NOTE: Registered Agent signature required when reinstating)

2/7/05

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
T	KARABEIK, GWYN	4417 WIMCO CT	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>
V	BICKNEL, SANDY	4340 KONGA CT	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
D	DIMARIA, GERI	4327 GENESSEE LN	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>
D	YANARELLA, JOSEPH	4409 KONGA CT	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>
D	FARMERIE, MARIA	9850 AMAZON DR	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>
S3	RHEA, LINDA	4402 KONGA COURT	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	BICKNEL, SANDY	4340 KONGA CT	NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D	BACON, DOUG	4428 KONGA CT	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	PENDERGAST, RONALD	4339 HARVEY COURT	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PANETTA, JOSEPH	4330 HARVEY COURT	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	HESTERHAGEN, VINCENT	4339 KONGA CT	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	MEHOKE, JUDITH	4325 HARVEY COURT	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Ronald Pendergast* **TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

Date

727-372-0782

Daytime Phone #