

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N25313



1. Entity Name  
RIVERSIDE VILLAGE HOMEOWNERS ASSOCIATION,  
INC.

Principal Place of Business  
4339 KONGA COURT  
NEW PORT RICHEY, FL 34655 US

Mailing Address  
PO BOX 1420  
NEW PORT RICHEY, FL 34656 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

HESTERHAGEN, VINCENT  
4339 KONGA COURT  
NEW PORT RICHEY, FL 34655

Name

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

City

FL Zip Code

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.

VINCENT HESTERHAGEN

2/5/08

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 PD  
NAME HESTERHAGER, VINCENT  
STREET ADDRESS 4339 KONGA COURT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

Delete

TITLE TSD  
NAME PENDERGAST, RONALD  
STREET ADDRESS 4339 HARNEY COURT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

Delete

TITLE D  
NAME PANETTA, JOSEPH  
STREET ADDRESS 4330 HARVEYCOURT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

Delete

TITLE VD  
NAME EPLER, JASON  
STREET ADDRESS 9831 ALVERNEAL  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

Delete

TITLE D  
NAME MEHOKA, JUDITH  
STREET ADDRESS 4325 HARVEY COURT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 M Pendergast* RONALD M PENDERGAST 2/5/08 727-372-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
Feb 08, 2008 8:00 am  
Secretary of State**

02-08-2008 90024 007 \*\*\*\*61.25

40020402



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2890875

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

FL Zip Code

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VINCENT HESTERHAGEN

2/5/08

(NOTE: Registered Agent signature required when reinstating)

DATE

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Trust Fund Contribution.

\$5.00 May Be  
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Make check payable to  
Florida Department of State

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HESTERHAGEN, VINCENT  
STREET ADDRESS 4339 KONGA COURT  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

Change  Addition

TITLE TSD  
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