

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26879

FILED  
Apr 04, 2009  
Secretary of State

Entity Name: RIVERSIDE OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

11004 RIVERSIDE RD.  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

11004 RIVERSIDE RD.  
LEESBURG, FL 34788

**New Mailing Address:**

FEI Number: 59-3158639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEAN & MALCHOW, P.A.  
646 EAST COLONIAL DRIVE  
ORLANDO, FL 32803 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GLATZ, JERALD  
Address: 35209 HAINES CREEK RD  
City-St-Zip: LEESBURG, FL 34788

Title: TD ( ) Delete  
Name: GRIMM, BECKY  
Address: 11008 RIVERSIDE RD  
City-St-Zip: LEESBURG, FL 34788

Title: SD ( ) Delete  
Name: CLARK, JOHN  
Address: 35140 HAINES CREEK RD  
City-St-Zip: LEESBURG, FL 34788

Title: VPD ( ) Delete  
Name: RANDALL, DON  
Address: 35102 RIVERSIDE CT.  
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete  
Name: ARNOLD, CALVIN  
Address: 11016 RIVERSIDE RD  
City-St-Zip: LEESBURG, FL 34788

**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: D (X) Change ( ) Addition  
Name: WILSON, KATHY  
Address: 35112 RIVERSIDE CT.  
City-St-Zip: LEESBURG, FL 34788

Title: VP (X) Change ( ) Addition  
Name: ARNOLD, CALVIN  
Address: 11016 RIVERSIDE RD  
City-St-Zip: LEESBURG, FL 34788

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: BECKY GRIMM

TD

04/04/2009

Electronic Signature of Signing Officer or Director

Date