

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30276

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** RIVERSIDE ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.

**Current Principal Place of Business:**

11450 RIVERSIDE DR.  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

11450 RIVERSIDE DR.  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 59-2725165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KROHN, BARRY  
110 TOWER, SUITE 1508  
110 SE 6TH STREET  
FT. LAUDERDALE, FL 33301 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: DP  
Name: DAVIS, MELISSA  
Address: 11450 RIVERSIDE DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DT  
Name: ZAICHICK, STACEY  
Address: 561 NW 105 DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DP  
Name: LACERRA, KARA  
Address: 11010 NW 5TH MANOR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DVP  
Name: WOLFE, ELISA L  
Address: 501 NW 107 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DVP  
Name: GRAULICH, DAWN L  
Address: 10019 NW 7 CT  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby 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 all other like empowered.

SIGNATURE: STACEY D. ZAICHICK

DT

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date