


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

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N35136 1. Entity Name NINETY FIVE RIVERSIDE PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 7601 SW LOST RIVER RD STUART, FL 34997 US	Mailing Address 7601 SW LOST RIVER RD STUART, FL 34997 US
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0249458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN TABOR & ASSOCIATES
7601 SW LOST RIVER RD
STUART, FL 34997

**DO NOT WRITE
IN THIS SPACE**

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. (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

U00000925370
05/20/08-80024-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABOR, MARTIN 7601 SW LOST RIVER RD STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLSTEIN, ARNOLD E 441 MONTCLAIRE DR WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABOR, ABBY 7601 SW LOST RIVER RD STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____