

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90015 027 \*\*\*\*61.25

**66008121**



03062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N43004</b> 1. Entity Name <b>RIVERSIDE AT TWIN RIVERS COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>165 W STATE RD 434</b> <b>WINTER SPRINGS, FL 32708 US</b>			Mailing Address <b>P.O. BOX 915322</b> <b>LONGWOOD, FL 32791 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 197043</b> Suite, Apt. #, etc.			
City & State		City & State <b>Winter Springs FL</b>			
Zip <b>32719</b>	Country <b>US</b>	Zip <b>32719</b>	Country <b>US</b>	4. FEI Number <b>59-3084324</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NATIONAL ASSOCIATION MANAGEMENT CO.</b> <b>165 W. STATE ROAD 434</b> <b>WINTER SPRINGS, FL 32708</b>			7. Name and Address of New Registered Agent Name <b>Palmerston, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>165 W. SR 434</b> City <b>Winter Springs</b> <b>FL</b> Zip Code <b>32708</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAHNESTOCK, SCOTT 1590 BAY CLUB ROAD OVIEDO, FL 32766 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Vanacore, Oliver 1669 Riveredge Road Oviedo, FL 32766 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AULERIO, JOE 1288 TWIN RIVERS BLVD OVIEDO, FL 32766 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'Aulerio, Joe 1288 Twin Rivers Blvd. Oviedo, FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISEMAN, MIKE 2348 PINE BROOK COURT OVIEDO, FL 32766 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Wiseman, Mike 2348 Pinebrook Ct. Oviedo, FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTBROOK, JEFF 3082 WOLFE CT. OVIEDO, FL 32766 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Aleman, Marilyn 2320 Coolbrook Ct. Oviedo, FL 32766 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KNECHT, EVELYN 3090 HIDDEN RIVER COURT OVIEDO, FL 32766 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <b>3/13/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					