

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90411 012 ****61.25



| | | | | | |
|--|---------------------|--|--|---|--|
| DOCUMENT # N47301 | | | | 1. Entity Name RIVERSIDE ESTATE HOMEOWNERS ASSOCIATION, INC. | |
| Principal Place of Business <UNUSED> ORLANDO, FL 32825 US | | | Mailing Address P.O. BOX 678817 ORLANDO, FL 32867 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3144924 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| VELLER, CONNIE L 10027 SANDBAR ST ORLANDO, FL 32825 | | | Name Joe Garchinsky Street Address (P.O. Box Number is Not Acceptable) 806 River Cove City Orlando FL Zip Code 32825 | | |
| 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 <i>Joseph R. Garchy</i> | | | DATE 4/10/07 | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | Make check payable to Florida Department of State |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCCRAY, VICTORIA | | NAME | | |
| STREET ADDRESS | 812 ISLANDER AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GEISLER, KAREN L | | NAME | | |
| STREET ADDRESS | 807 ISLANDER AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | ACOCCELLA, MARIO | | NAME | D VICKI HAWK | |
| STREET ADDRESS | 970 ISLANDER AVENUE | | STREET ADDRESS | 825 ISLANDER AVE. | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | | CITY-ST-ZIP | ORLANDO, FL 32825 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | RODRIGUEZ, SALLY A | | NAME | T JOE GARCHINSKY | |
| STREET ADDRESS | 927 ISLANDER AVENUE | | STREET ADDRESS | 806 RIVER COVE | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | | CITY-ST-ZIP | ORLANDO, FL 32825 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | ORTIZ, JACKIE | | NAME | D CONNIE VELLER | |
| STREET ADDRESS | 945 ISLANDER AVENUE | | STREET ADDRESS | 10027 SANDBAR ST. | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | | CITY-ST-ZIP | ORLANDO, FL 32825 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMPSON, RICHARD | | NAME | VP RICHARD THOMPSON | |
| STREET ADDRESS | 915 ISLANDER AVENUE | | STREET ADDRESS | 915 ISLANDER AVE - | |
| CITY-ST-ZIP | ORLANDO, FL 32825 | | CITY-ST-ZIP | ORLANDO, FL 32825 | |
| 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: <i>Victoria McCray</i> | | | DATE: 4/10/07 (407)342-3807 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE | | |



04102007 Chg-NP CR2E037 (12/06)