

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 007 ****61.25

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1. Entity Name
**RIVERSIDE LANDING OF THE SOUTH BEACHES
HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business
**P.O. BOX 510207
MELBOURNE BEACH, FL 32951**

Mailing Address
**P.O. BOX 510207
MELBOURNE BEACH, FL 32951**

40061410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3200704

Applied For
☐ Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKWARD, PATRICIA
224 IVORY DR.
MELBOURNE BEACH, FL 32951**

Name
Space Coast Property Management
Street Address (P.O. Box Number is Not Acceptable)
645 Classic Ct
Suite 104
City
Melbourne FL Zip Code
32940

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MARKWARD, PATRICIA A
224 IVORY DR.
MELBOURNE BEACH, FL 32951** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RITTHAMEL, RAYMOND G
221 IVORY DRIVE
MELBOURNE BEACH, FL 32951** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCKELLAR, LESLIE A
320 ISLAND DRIVE
MELBOURNE BEACH, FL 32951** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CARYL GOMALES
4940 IDLE HOUR COURT
MELBOURNE BEACH FL 32951** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RICHARD LANE
209 IVORY DRIVE DR
MELBOURNE BEACH FL 32951** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**THOMAS COZZONI
207 IVORY DR
MELBOURNE BEACH, FL 32951** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #