

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90030 024 ****61.25

DOCUMENT # N93000001817					
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		
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 59-3200704	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT SUITE 104 MELBOURNE, FL 32940			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMALES, CARYL		NAME	Leslie McKellar	
STREET ADDRESS	4940 IDLE HOUR COURT		STREET ADDRESS	320 Island Dr.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, RICHARD		NAME	Patricia Markward	
STREET ADDRESS	209 IVORY DR		STREET ADDRESS	224 Ivory Dr	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZZONI, THOMAS		NAME	Ray Ritthamel	
STREET ADDRESS	207 IVORY DR		STREET ADDRESS	221 Ivory Dr	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Patricia Markward, treasurer</i>		March 3, 2008		321-984-0266	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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