

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001817

FILED
Feb 15, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 510207
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

224 IVORY DR
MELBOURNE BEACH, FL 32951

Current Mailing Address:

P.O. BOX 510207
MELBOURNE BEACH, FL 32951

New Mailing Address:

224 IVORY DR
MELBOURNE BEACH, FL 32951

FEI Number: 59-3200704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC CT
SUITE 104
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

TCB PROPERTY MANAGEMENT
779 E MERRITT ISLAND CSWY
683
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: SHARON LOCKAMY

02/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MCKELLAR, LESLIE
Address: 320 ISLAND DR.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: PD () Delete
Name: MARKWARD, PATRICIA
Address: 224 IVORY DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD () Delete
Name: RITHAMEL, RAY
Address: 221 IVORY DR
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MARKWARD

PD

02/15/2009

Electronic Signature of Signing Officer or Director

Date