FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002959 (5)

1. Corporation Name
RIVERSIDE PAVILION CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3431 RIDGEWOOD AVE PORT ORANGE FL 32119	3431 RIDGEWOOD AVE PORT ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: APPLIED FOR 59-3255964 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LACHENDRO, MARY
3431 RIDGEWOOD AVE
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name: REINDERS, ANDREA
82 Street Address (P.O. Box Number is Not Acceptable): 3431 Ridgewood Avenue
83: PORT ORANGE, FL 32119
84 City: PORT ORANGE 85 FL Zip Code: 32119

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Andrea K. Reinders Admin Asst Andrea K. Reinders 4-25-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	STORK, RICHARD G	1.2 NAME		
STREET ADDRESS	C/O 3431 RIDGEWOOD AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32119	1.4 CITY-ST-ZIP		
TITLE	VS	2.1 TITLE	VS	☑ Change ☐ Addition
NAME	MOZDEN, PATRICIA A	2.2 NAME	SMITH, ANN	
STREET ADDRESS	C/O 3431 RIDGEWOOD AVE	2.3 STREET ADDRESS	c/o 3431 Ridgewood Avenue	
CITY-ST-ZIP	PORT ORANGE FL 32119	2.4 CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	CONNORS, DEBRA L	3.2 NAME		
STREET ADDRESS	C/O 3431 RIDGEWOOD AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	MIXON, JOHN	4.2 NAME		
STREET ADDRESS	C/O 3431 RIDGEWOOD AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32119	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MONICO, DON	5.2 NAME		
STREET ADDRESS	1717 GOLFVIEW BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	BORKOWSKI, WINSTON K	6.2 NAME	GUINTA, BARTH	
STREET ADDRESS	POST OFFICE BOX 1525 N/A	6.3 STREET ADDRESS	C/O 3431 RIDGEWOOD AVENUE	
CITY-ST-ZIP	ORMOND BCH. FL 32175	6.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra L. Connors Debra L. Connors 4-25-95 (904) 761-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000492