

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002959 (5)

RIVERSIDE PAVILION CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**3431 RIDGEWOOD AVE
PORT ORANGE FL 32119**

Mailing Address

**3431 RIDGEWOOD AVE
PORT ORANGE FL 32119**



3. Date Incorporated or Qualified
07/02/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**REINDERS, ANDREA
3431 RIDGEWOOD AVE
PT ORANGE FL 32119**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (and officer or director)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **STORK, RICHARD G**
STREET ADDRESS **C/O 3431 RIDGEWOOD AVE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **VS** ☐ DELETE
NAME **SMITH, ANN**
STREET ADDRESS **C/O 3431 RIDGEWOOD AVE**
CITY-ST-ZIP **PORT ORANGE FL**

TITLE **ST** ☐ DELETE
NAME **CONNORS, DEBRA L**
STREET ADDRESS **C/O 3431 RIDGEWOOD AVE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **T** ☒ DELETE
NAME **MIXON, JOHN**
STREET ADDRESS **C/O 3431 RIDGEWOOD AVE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **D** ☐ DELETE
NAME **MONICO, DON**
STREET ADDRESS **1717 GOLFVIEW BLVD.**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE **D** ☐ DELETE
NAME **GUINTA, BARTH**
STREET ADDRESS **C/O 3431 RIDGEWOOD AVE**
CITY-ST-ZIP **PT ORANG FL**

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **FRED STOOHOFF**
1.3 STREET ADDRESS **3431 Ridgewood Ave**
1.4 CITY-ST-ZIP **Port Orange FL 32119**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **SMITH, ANN**
2.3 STREET ADDRESS **3431 S Ridgewood Ave**
2.4 CITY-ST-ZIP **Port Orange FL 32119**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS ☐ Change ☐ Addition
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE **VP** ☐ Change ☒ Addition
4.2 NAME **FALCONNIER, ROB**
4.3 STREET ADDRESS **3431 Ridgewood Ave**
4.4 CITY-ST-ZIP **Port Orange FL 32119**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE **P** ☒ Change ☐ Addition
6.2 NAME **GUINTA, BARTH**
6.3 STREET ADDRESS **3431 Ridgewood Ave**
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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

(204) 761-1401

CR2E037 (12/95)