

5-1-97 B-5948 C  
FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002959 (5)**  
1. Corporation Name  
**RIVERSIDE PAVILION CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>3431 RIDGEWOOD AVE PORT ORANGE FL 32119</b>	Mailing Address <b>3431 RIDGEWOOD AVE PORT ORANGE FL 32119-3532</b>
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3. Date Incorporated or Qualified <b>07/02/1993</b>	3a. Date of Last Report <b>04/12/1996</b>
4. FEI Number <b>69-3255964</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. 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 <b>Debra L. Connors</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>3431 Ridgewood Avenue</b>
83. City <b>Port Orange, FL 32119</b>
84. Zip Code <b>FL 32119</b>

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: Debra L. Connors **Debra L. Connors** **4-25-97**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D STOOOTHOFF, FRED</b>
STREET ADDRESS	<b>3431 RIDGEWOOD AVE</b>
CITY-ST-ZIP	<b>PT ORANGE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SMITH, ANN</b>
STREET ADDRESS	<b>3431 S RIDGEWOOD AVE</b>
CITY-ST-ZIP	<b>PT ORANGE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST CONNORS, DEBRA L</b>
STREET ADDRESS	<b>C/O 3431 RIDGEWOOD AVE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP FALCONNIER, ROB</b>
STREET ADDRESS	<b>3431 RIDGEWOOD AVE</b>
CITY-ST-ZIP	<b>PT ORANGE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MONICO, DON</b>
STREET ADDRESS	<b>1717 GOLFVIEW BLVD.</b>
CITY-ST-ZIP	<b>SOUTH DAYTONA FL 32119</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P QUINTA, BARTH</b>
STREET ADDRESS	<b>C/O 3431 RIDGEWOOD AVE</b>
CITY-ST-ZIP	<b>PT ORANGE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D Rick RYALS</b>
1.3 STREET ADDRESS	<b>3571 RIDGEWOOD AVENUE</b>
1.4 CITY-ST-ZIP	<b>PORT ORANGE, FL 32119</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P ROB FALCONNIER</b>
2.3 STREET ADDRESS	<b>3431 RIDGEWOOD AVENUE</b>
2.4 CITY-ST-ZIP	<b>PORT ORANGE, FL 32119</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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, Treasurer** **4/25/97** **761-1601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0002353

CR2E037 (9/96)