

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <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	Mailing Address
3431 RIDGEWOOD AVE PORT ORANGE FL 32119	3431 RIDGEWOOD AVE PORT ORANGE FL 32119

3. Date Incorporated or Qualified

07/02/1993

4. FEI Number

59-3255964

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNORS, DEBRA L  
3431 RIDGEWOOD AVE.  
PORT ORANGE FL 32119

81 Name Rob Falconnier

82 Street Address (P.O. Box Number is Not Acceptable)  
3431 Ridgewood Ave

83

84 City Port Orange FL

85 Zip Code 32119

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0506, Florida Statutes.

SIGNATURE Rob Falconnier

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	D	<input checked="" type="checkbox"/> DELETE
NAME	STOOTHOFF, FRED	
STREET ADDRESS	3431 RIDGEWOOD AVE	
CITY-ST-ZIP	PT ORANGE FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANN Smith	
1.3 STREET ADDRESS	3431 Ridgewood Ave	
1.4 CITY-ST-ZIP	Port Orange, FL 32119	

TITLE	P	<input type="checkbox"/> DELETE
NAME	FALCONNIER, ROB	
STREET ADDRESS	3431 RIDGEWOOD AVE.	
CITY-ST-ZIP	PORT ORANGE FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bill Zickelbach	
2.3 STREET ADDRESS	3431 Ridgewood Ave	
2.4 CITY-ST-ZIP	Port Orange, FL 32119	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CONNORS, DEBRA L	
STREET ADDRESS	C/O 3431 RIDGEWOOD AVE	
CITY-ST-ZIP	PORT ORANGE FL 32119	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARL ZIMMERMANN	
3.3 STREET ADDRESS	3431 Ridgewood Ave	
3.4 CITY-ST-ZIP	Port Orange, FL 32119	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FALCONNIER, ROB	
STREET ADDRESS	3431 RIDGEWOOD AVE	
CITY-ST-ZIP	PT ORANGE FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONICO, DON	
STREET ADDRESS	1717 GOLFVIEW BLVD.	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	RYALS, RICK	
STREET ADDRESS	3571 RIDGEWOOD AVE.	
CITY-ST-ZIP	PT ORANGE FL	

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 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 117, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

CR2E037 (10/97)