

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90026 026 ****61.25

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1. Corporation Name

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/02/1993

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

9. Name and Address of Current Registered Agent

FALCONNIER, ROB
3431 RIDGEWOOD AVE
PORT 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, ANN
STREET ADDRESS 3431 RIDGEWOOD AVE
CITY-ST-ZIP PT ORANGE FL 32119 ☐ DELETE

TITLE P
NAME FALCONNIER, ROB
STREET ADDRESS 3431 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE FL ☐ DELETE

TITLE D
NAME ZIRKELBACH, BILL
STREET ADDRESS 3431 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ DELETE

TITLE VP
NAME FALCONNIER, ROB
STREET ADDRESS 3431 RIDGEWOOD AVE
CITY-ST-ZIP PT ORANGE FL ☒ DELETE

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

TITLE D
NAME RYALS, RICK
STREET ADDRESS 3571 RIDGEWOOD AVE.
CITY-ST-ZIP PT ORANGE FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Brendan Galbreath
1.3 STREET ADDRESS 3431 Ridgewood Ave
1.4 CITY-ST-ZIP Port Orange, FL 32119 ☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-761-8122

CR2E037 (11/98)