

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-28-2002 90174 019 ****61.25

DOCUMENT # N93000002959

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
 32129

Country

Zip
 32129

Country

4. FEI Number

59-3255964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FALCONNIER, ROB~~ Bill Zirkelbach
 3431 RIDGEWOOD AVE
 PORT ORANGE FL 32119
 32129

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Bill Zirkelbach

3/14/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Sec/Treas
 NAME SMITH, ANN
 STREET ADDRESS 3431 RIDGEWOOD AVE
 CITY-ST-ZIP PT ORANGE FL 32119 32129 ☐ Delete

TITLE D
 NAME Peter Atwood
 STREET ADDRESS 3431 Ridgewood Ave
 CITY-ST-ZIP Port Orange FL 32129 ☐ Change ☒ Addition

TITLE ~~FALCONNIER, ROB~~
 NAME ~~FALCONNIER, ROB~~
 STREET ADDRESS 3431 RIDGEWOOD AVE
 CITY-ST-ZIP PORT ORANGE FL 32129 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D Pres
 NAME ZIRKELBACH, BILL
 STREET ADDRESS 3431 RIDGEWOOD AVE
 CITY-ST-ZIP PORT ORANGE FL 32119 32129 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME ZIMMERMAN, CARL
 STREET ADDRESS 3431 RIDGEWOOD AVE
 CITY-ST-ZIP PORT ORANGE FL 32119 32129 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME Pat Doran
 STREET ADDRESS 3431 Ridgewood Ave
 CITY-ST-ZIP Port Orange FL 32129 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Zirkelbach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (9/01)