

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90024 015 ****61.25

DOCUMENT # N93000002959

1. Entity Name

RIVERSIDE-PAVILION ASSOCIATION, INC.



Principal Place of Business

3431 RIDGEWOOD AVE
PORT ORANGE FL 32129

Mailing Address

3431 RIDGEWOOD AVE
PORT ORANGE FL 32129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

SMITH, LUISE
3431 RIDGEWOOD AVE.
PORT ORANGE FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Luise Smith

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

(NOTE: Registered Agent signature required when reinstating)

1/22/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DST
NAME SMITH, ANN
STREET ADDRESS 3431 RIDGEWOOD AVE
CITY-ST-ZIP PT ORANGE FL 32129 ☐ Delete

TITLE D
NAME ATWOOD, PETER
STREET ADDRESS 3431 RIDGEWOOD AVE.
CITY-ST-ZIP PORT ORANGE FL 32129 ☐ Delete

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

TITLE D
NAME MONICO, DON
STREET ADDRESS 1717 GOLFVIEW BLVD.
CITY-ST-ZIP SOUTH DAYTONA FL 32129 ☐ Delete

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

TITLE D
NAME DORAN, PAT
STREET ADDRESS 3431 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE FL 32129 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *Betsy Corbett*
NAME *Betsy Corbett*
STREET ADDRESS *3431 Ridgewood Ave.*
CITY-ST-ZIP *Port Orange FL 32129* ☐ Change ☒ Addition

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

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

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

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

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)(i), 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:

Luise Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 386-741-8122

Date

Daytime Phone #