2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State

DOCUMENT # N9300002959 1. Entity Name RIVERSIDE PAVILION ASSOCIATION, INC.								02-2	28-2005	5 90237	029 ****(51.25	
Principal Place of Business 3431 RIDGEWOOD AVE PORT ORANGE, FL 32129			Mailing Address 3431 RIDGEWOOD AVE PORT ORANGE, FL 32129				50020722						
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02092005	Chg-N	Р	CR2E	037 (10/03)	
City & State			City & State					4. FEI Numb 59-325					pplied For ot Applicable
Zip	Zip Country		Zip		Cou	Country		5. Certificate	of Status	Desired		\$8.75 Ad Fee Require	
	6 Name a	nd Address of Current	Registere	d Agent		Nama		~7Name and	Address	of New F	legistered	Agent -	
	SEWOOD A					Name Street A	ddress (I	P.O. Box Numb	er is Not A	cceptable	e)	4	
PORTOR	ANGE, FL	32129											
r A					City						FI	Zip Coo	ie .
8. The above the obligat	e named entity s tions of register	submits this statement for red agent.	r the purpo	ose of changing its	registere	ed office or	register	ed agent, or bo	th, in the S	State of Fig	orida. I an	n familiar with	, and accept
€	1	0 '		\geq		· <	`	0		_		, .	
SIGNATURE	Signature, typed or	printed name of registered agent	and title if appl	icable. (NOF	E: Registere	d Agent signat	ure required	when reinstating)		<u> </u>	2/23 DATE	<u>/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005			T I	9. Election Campaign Financing Trust Fund Contribution.								***************************************	31.
•						_		\$5.00 May E Added to Fees				ck payable t artment of S	
10.	Due by Ma		RECTORS			_				Flo	rida Depa	artment of S	tate
TITLE	Due by Ma	OFFICERS AND DIF	RECTORS		20ntributi 11.	ion.		Added to Fees		Flo	rida Depa	artment of S	tate
TITLE NAME	Due by Ma	officers and die	RECTORS	Trust Fund (11. TITLE	on. E		Added to Fees		Flo	rida Depa	DIRECTORS IN	N 10
TITLE NAME STREET ADDRESS	DST SMITH, AN 3431 RIDG	OFFICERS AND DIE N EWOOD AVE	RECTORS	Trust Fund (11. TITLE NAMI	on.		Added to Fees		Flo	rida Depa	DIRECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, AN 3431 RIDG	officers and die	RECTORS	Trust Fund 6	11. TITLE NAM STRE	E E ET ADDRESS -ST-ZIP		Added to Fees		Flo	rida Depa	DIRECTORS IN Change	itate N 10 Addition
TITLE NAME STREET ADDRESS	DST SMITH, AN 3431 RIDG PORT ORA	OFFICERS AND DIE N EWOOD AVE NGE, FL 32129	RECTORS	Trust Fund (11. TITLE NAMI	E E ADDRESS -ST-ZIP		Added to Fees		Flor	rida Depa	DIRECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by Ma DST SMITH, AN 3431 RIDGI PORT ORA D ATWOOD,	OFFICERS AND DIE N EWOOD AVE NGE, FL 32129	RECTORS	Trust Fund 6	11. TITLE NAM STRE CITY THLE	E E ADDRESS -ST-ZIP		Added to Fees		Flor	rida Depa	DIRECTORS IN Change	itate N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by Ma DST SMITH, AN 3431 RIDGI PORT ORA D ATWOOD, 3431 RIGDI	OFFICERS AND DIE N EWOOD AVE NGE, FL 32129 PETER	RECTORS	Trust Fund 6	TITLE NAM STRE CITY THILE NAM STRE	E ET ADDRESS -ST-ZIP		Added to Fees		Flor	rida Depa	DIRECTORS IN Change	itate N 10 Addition
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r 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 purplets of the corporation of the corporation or the receiver purplets of the corporation of the corporation or the receiver purplets of the corporation of the corporation or the receiver purplets of the corporation of the receiver purplets of the corporation of the co

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR