

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90091 011 ****61.25

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Q2212006 Chg-NP CR2E037 (11/05)

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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SMITH, LUISE 3431 RIDGEWOOD AVE. PORT ORANGE, FL 32129			7. Name and Address of New Registered Agent Name <u>Patricia Tropen</u> Street Address (P.O. Box Number is Not Acceptable) <u>3431 Ridgewood ave</u> City <u>Port Orange</u> <u>FL</u> Zip Code <u>32129</u>		
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 <u>Patricia Tropen</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/5/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, ANN 3431 RIDGEWOOD AVE PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWOOD, PETER 3431 RIDGEWOOD AVE. PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZIRKELBACH, BILL 3431 RIDGEWOOD AVE PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONICO, DON 1717 GOLFVIEW BLVD. SOUTH DAYTONA, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, CARL 3431 RIDGEWOOD AVE PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, TOM 3431 RIDGEWOOD AVE PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Neviasser, Budd 3431 Ridgewood Ave Port Orange, FL, 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 powers empowered.					
SIGNATURE: <u>Walker Z...</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/5/06</u> Daytime Phone # <u>386-761-8122</u>		