2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State
03-08-2007 90012 033 ****61.25

DOCUMENT # N93000002959

1. Entity Name

RIVERSIDE PAVILION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3431 RIDGEWOOD AVE PORT ORANGE FL 32129	3431 RIDGEWOOD AVE PORT ORANGE FL 32129

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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
TROPEN, PATRICIA 3431 RIDGEWOOD AVE PORT ORANGE FL 32129	Name Patricia Tropea 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 Patricia Tropea 2/28/07
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
Due By May 1, 2007

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			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	☒ Delete	DST Cynthia Hughes Parker. 3431 Ridgewood Ave Port Orange FL 32129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATWOOD, PETER 3431 RIGDEWOOD AVE. PORT ORANGE FL 32129	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZIRKELBACH, BILL 3431 RIDGEWOOD AVE PORT ORANGE FL 32129	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONICO, DON 1717 GOLFVIEW BLVD. SOUTH DAYTONA FL 32119	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIMMERMAN, CARL 3431 RIDGEWOOD AVE PORT ORANGE FL 32129	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEVIASER, BUDD 3431 RIDGEWOOD AVE PORT ORANGE FL 32129	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE: 2/28/07 386-761-8122