

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002959

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: RIVERSIDE PAVILION ASSOCIATION, INC.

## Current Principal Place of Business:

3431 RIDGEWOOD AVE  
PORT ORANGE, FL 32129

## New Principal Place of Business:

## Current Mailing Address:

3431 RIDGEWOOD AVE  
PORT ORANGE, FL 32129

## New Mailing Address:

FEI Number: 59-3255964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROPEA, PATRICIA  
3431 RIDGEWOOD AVE  
PORT ORANGE, FL 32129 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: HUGHES PARKER, CYNTHIA  
Address: 3431 RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: ARMINO, MICHAEL  
Address: 3431 RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32129

Title: DP ( ) Delete  
Name: ZIRKELBACH, BILL  
Address: 3431 RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: MONICO, DON  
Address: 1717 GOLFVIEW BLVD.  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete  
Name: ZIMMERMAN, CARL  
Address: 3431 RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: NEVIASER, BUDD  
Address: 3431 RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARTIN, DONALD  
Address: 3431 RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ZIRKELBACH

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date