

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90201 002 ****61.25

DOCUMENT # N93000002959

1. Entity Name
RIVERSIDE PAVILION CONDOMINIUM 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

**ZIEKELBACH, BILL
3431 RIDGEWOOD AVE
PORT ORANGE FL 32129**

Name **Luise Smith**
Street Address (P.O. Box Number is Not Acceptable)

3431 Ridgewood Avenue

City **Port Orange** FL Zip Code **32129**

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**

Luise Smith

1/22/03

FILE NOW: FEE IS \$61.25

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 **DST** ☐ Delete
NAME **SMITH, ANN**
STREET ADDRESS **3431 RIDGEWOOD AVE**
CITY-ST-ZIP **PT ORANGE FL 32119**

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

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

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

TITLE **DP** ☐ Delete
NAME **ZIEKELBACH, BILL**
STREET ADDRESS **3431 RIDGEWOOD AVE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

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

TITLE **VP** ☐ Delete
NAME **MONICO, DON**
STREET ADDRESS **1717 GOLFVIEW BLVD.**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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: **SIGNATURE REQUIRED**

1/22/03

386-761-8122

CR2E037 (10/02)