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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003953 (7)

1. Corporation Name

RIVERSIDE ON THE PARK CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
200 SO RIVERSIDE DR NEW SMYRNA BEACH FL 32168 US	200 SO RIVERSIDE DR NEW SMYRNA BEACH FL 32168 US

3. Date Incorporated or Qualified: 08/27/1993

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-3215182 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRABTREE, BRUCE
200 SO RIVERSIDE DR
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name: EARL J. ROBERTSON

82 Street Address (P.O. Box Number is Not Acceptable): 200 S. RIVERSIDE DR

83

84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32168

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Earl J. Robertson — 1/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CRABTREE, BRUCE 200 SO RIVERSIDE DR NEW SMYRNA BEACH FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP EARL J. ROBERTSON 200 S RIVERSIDE DR NEW SMYRNA BEACH, FL 32168	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROBERTSON, EARL J. 200 SO RIVERSIDE DR NEW SMYRNA BEACH FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DVPS JOY BOUCHELLE 206 S. RIVERSIDE DR NEW SMYRNA BEACH, FL 32168	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JUN, SUDREY L. 200 SO RIVERSIDE DR NEW SMRNA BEACH FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Asst VP S GLENNA PRUSSMAN 200 S. RIVERSIDE DR NEW SMYRNA BEACH, FL 32168	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DT AUDREY L. JUN 200 S RIVERSIDE DR NEW SMYRNA BEACH, FL 32168	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D LAWRENCE SIMS 200 S. RIVERSIDE DR NEW SMYRNA BEACH FL 32168	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Audrey L. Jun — 1/26/96 — 427 6033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #