FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



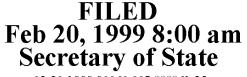
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000003953

1. Corporation Name



02-20-1999 90060 007 ****61.25

RIVERSIDE ON THE PARK CONDOMINIUM ASSOCIATION, I NC.					:			
Principal Plac	e of Business	Mailing Address			-			
200 SO RIVERSIDE DR 200 SO RIVERSIDE DR						. ABIRS HAR A DIR I G I	18 8 17 11 18 8 1	
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 US			2168					
2. Principal P	Place of Business	2a. Mailing Address			Date Incorporated or Qualifed			
21		26			08/27/1993			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	<u> </u>	plied For	
22		27			59-3215182		t Applicable	
City & Stat	te	City & State			5. Certificate of Status Desired	\$8.75 A		
23	Country	Zip	Country		C Start Committee Start			
Zip	Country	⊢ ·	30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	•	
24	9. Name and Address of Current		30)		10. Name and Address of New Registere		31003	
	Manie and Consess of Children		81	Name				
OFIDOI D	CHARLES D				(C.C. C. III.			
	CHARLES R.		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	VERSIDE DR.		83					
NEW SM	RNA BEACH FL 32168			<u></u>		- Incl. 75. 6		
	- 1	_	84	City	· F	85 Zip C	ode	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I			poration submits this statement for the purpose on's board of directors. I hereby accept the application of the purpose of the	1/44	<u>, </u>	
12.	OFFICERS AND	DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO CITICENS	☐ Change	Addition	
TITLE	DVS		1.2 NAME					
NAME	ROBERTSON, EARL J 200 S. RIVERSIDE DR.		1.3 STREET	ADDRESS				
STREET ADDRESS	200 S. RIVERSIDE DR. NEW SMYRNA BEACH FL 321 <u>68</u>		1.4 CITY-S					
CITY-ST-ZIP	DP	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	SEIBOLD, CHARLE R.	-	2.2 NAME	~	a the state of the	·	``-	
STREET ADDRESS	200 S. RIVERSIDE DR.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	NEW SMYRA BEACH FL 32168		2. 4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	MEGARGEE, THEODORE		3.2 NAME					
STREET ADDRESS	*** * ***		3.3 STREET	ADORESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		3.4. CITY-S	T-ZIP				
TITLE	DT	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	JUN, AUDREY L		4.2 NAME	ļ				
STREET ADDRESS			4.3 STREET	ADDRESS	,			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		4.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE	1		Change	Addition Addition	
NAME	SIMS, LAWRENCE		5.2 NAME					
STREET ADDRESS			5.3 STREET	1				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		5.4 CITY-S' 6.1 TITLE	1-219		Change	Addition	
TITLE		☐ DELETE						
NAME	}		6.2 NAME	ADDRESS				
STREET ADDRESS	·		6.3 STREET					
CITY_ST_ZIP	1		6.4 CITY-S	1-6-1				

14. 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 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, with all other like empowered.

SIGNATURE: