FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90060 007 ****61.25

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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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/27/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3215182 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SEIBOLD, CHARLES R.
200 S. RIVERSIDE DR.
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 Charles R Seibold 2/9/99
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	DVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, EARL J		1.2 NAME		
STREET ADDRESS	200 S. RIVERSIDE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEIBOLD, CHARLE R.		2.2 NAME		
STREET ADDRESS	200 S. RIVERSIDE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRA BEACH FL 32168		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEGARGEE, THEODORE		3.2 NAME		
STREET ADDRESS	200 S. RIVERSIDE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JUN, AUDREY L		4.2 NAME		
STREET ADDRESS	200 S. RIVERSIDE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMS, LAWRENCE		5.2 NAME		
STREET ADDRESS	200 S. RIVERSIDE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 2/4/99 427-6033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AUDREY L. JUN