

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90202 001 ****61.25

DOCUMENT # N93000003953					
1. Entity Name RIVERSIDE ON THE PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 200 SO RIVERSIDE DR NEW SMYRNA BEACH, FL 32168 US			Mailing Address 200 SO RIVERSIDE DR NEW SMYRNA BEACH, FL 32168 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3215182	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTSON, EARL 200 S RIVERSIDE DR NEW SMYRNA BEACH, FL 32168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERTSON, EARL J 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEIBOLD, CHARLES R 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FUNDOKOS, THEODORE 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TEEHAN, KAREN 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCHELLE, JOY 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, GORDON 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 ☐ Change ☒ Addition	
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: <u>Karen Teehan</u> (KAREN TEEHAN TREASURER) 4-24-04 (386) 427-5372					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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