


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90135 030 \*\*\*\*61.25

<b>DOCUMENT # N93000003953</b>	
1. Entity Name <b>RIVERSIDE ON THE PARK CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>200 SO RIVERSIDE DR NEW SMYRNA BEACH, FL 32168 US</b>	Mailing Address <b>200 SO RIVERSIDE DR NEW SMYRNA BEACH, FL 32168 US</b>
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**00006772**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3215182</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>ROBERTSON, EARL 200 S RIVERSIDE DR NEW SMYRNA BEACH, FL 32168</b>		7. Name and Address of New Registered Agent Name <b>KAREN TEENAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 S. RIVERSIDE DR.</b> City <b>NEW SMYRNA BEACH FL</b> Zip Code <b>32168</b>	
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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 Karen Teehan KAREN TEENAN, TREASURER 3-27-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERTSON, EARL J 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NICK DOUNIAS 200 S. RIVERSIDE DR NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, GORDON 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, GORDON 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUNDOKOS, THEODORE 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TEEHAN, KAREN 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCHELLE, JOY 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANE GRAYSON 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. (386)

SIGNATURE: Karen Teehan KAREN TEENAN 3-27-06 427-5372  
Signature and typed or printed name of signing officer or director Date Daytime Phone #