2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003953

FILED Apr 27, 2009 Secretary of State

Entity Name: RIVERSIDE ON THE PARK CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	VERSIDE DR 'RNA BEACH, FL 32168 US	
Current M	lailing Address:	New Mailing Address:
	VERSIDE DR 'RNA BEACH, FL 32168 US	
FEI Number	: 59-3215182 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	KAREN ERSIDE DR 'RNA BEACH, FL 32168 US	TEEHAN, KAREN 200 S RIVERSIDE DR UNIT 201 NEW SMYRNA BEACH, FL 32168 US
	e named entity submits this statement for the pure of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	04/27/2009
	Electronic Signature of Registered Age	nt Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	DS () Delete TALKINGTON, VIRGINIA 200 S RIVERSIDE DR NEW SMYRNA BEACH, FL 32168	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DP () Delete FUNDOUKOS, THEODORE 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DT () Delete TEEHAN, KAREN 200 S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete GRAYSON, JANE 200 S RIVERSIDE DR NEW SMYRNA BEACH, FL 32168	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DV () Delete DOUNIAS, NICK 200 S RIVERSIDE DR NEW SMYRNA BEACH, FL 32168	Title: DV (X) Change () Addition Name: SEIBOLD, CHARLES R Address: 200 S RIVERSIDE DR City-St-Zip: NEW SMYRNA BEACH, FL 32168
Title: Name: Address: City-St-Zip:	DV (X) Delete SMITH, GORDON 200S. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN TEEHAN DT 04/27/2009