

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000005058

1. Entity Name
RIVERSIDE PROFESSIONAL CONDOMINIUMS OF
ORMOND BEACH, MANAGEMENT ASSOCIATION, INC.



Principal Place of Business
26 NORTH BEACH STREET
ORMOND BEACH, FL 32174

Mailing Address
26 N. BEACH ST
ORMOND BEACH, FL 32174 US

FILED
04 DEC 13 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11022004 REIN-NP CR2E099 (6/04)

4. FEI Number
59-3214489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CINO, CHARLES J
555 W. GRANADA BLVD.
SUITE E-12
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name Robert D. Frazer
Street Address (P.O. Box Number is Not Acceptable)
2090 S. Nova Rd Suite A105
City South Daytona FL Zip Code 32119

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 Robert D. Frazer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-4-04

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN ORDON, DEBRA J 26 N. BEACH ST. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNETT, RAMINE D DR. 26 N. BEACH STREET ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bonnet, RAMINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/04

Daytime Phone #