

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90021 007 ****61.25

DOCUMENT # N94000006299 1. Entity Name RIVERSIDE HOMEOWNERS' ASSOCIATION OF GULF COUNTY, INC.			
Principal Place of Business 250 W. PINE AVE SUITE D CRESTVIEW, FL 32536		Mailing Address 250 W. PINE AVE SUITE D CRESTVIEW, FL 32536 US	
2. Principal Place of Business - No P.O. Box # 4100 S. FERDON BLVD.		3. Mailing Address 4100 S. FERDON BLVD.	
Suite, Apt. #, etc. B-2		Suite, Apt. #, etc. B-2	
City & State CRESTVIEW, FL		City & State CRESTVIEW, FL	
Zip 32536		Zip 32536	
Country USA		Country USA	
6. Name and Address of Current Registered Agent HALL, CLIFTON 250 W. PINE AVE SUITE D CRESTVIEW, FL 32536		7. Name and Address of New Registered Agent Name HALL, CLIFTON Street Address (P.O. Box Number is Not Acceptable) 4100 S. FERDON BLVD. Suite B-2 City CRESTVIEW FL 32536	
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 <u><i>Clifton Hall</i></u> CLIFTON HALL 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HALL, CLIFTON 250 W. PINE AVE, SUITE D CRESTVIEW, FL 32536	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, CLIFTON 4100 S. FERDON BLVD. Suite B-2 CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARISH, THOMAS W JR 706 W MAPLE AVE GENEVA, AL 36340	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARISH, ELIZABETH 706 W MAPLE AVE GENEVA, AL 36340	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.			
SIGNATURE: <u><i>Clifton Hall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>CLIFTON HALL</u> 4/17/07 850-624-8881 <small>Date Daytime Phone #</small>	

40079574



04172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3313092

Applied For
Not Applicable

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

Name **HALL, CLIFTON**
 Street Address (P.O. Box Number is Not Acceptable)
4100 S. FERDON BLVD. Suite B-2
 City **CRESTVIEW** FL **32536**

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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, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, CLIFTON	
STREET ADDRESS	250 W. PINE AVE, SUITE D	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARISH, THOMAS W JR	
STREET ADDRESS	706 W MAPLE AVE	
CITY-ST-ZIP	GENEVA, AL 36340	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PARISH, ELIZABETH	
STREET ADDRESS	706 W MAPLE AVE	
CITY-ST-ZIP	GENEVA, AL 36340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CLIFTON	
STREET ADDRESS	4100 S. FERDON BLVD. Suite B-2	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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SIGNATURE: *Clifton Hall* **CLIFTON HALL** **4/17/07** **850-624-8881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #