

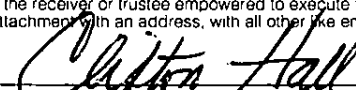


FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000006299		Secretary of State	
1. Entity Name RIVERSIDE HOMEOWNERS' ASSOCIATION OF GULF COUNTY, INC.			
Principal Place of Business 4100 S FERDON BLVD SUITE B2 CRESTVIEW, FL 32536		Mailing Address 4100 S FERDON BLVD SUITE B2 CRESTVIEW, FL 32536 US	
DO NOT WRITE IN THIS SPACE		 02142008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3313092	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, CLIFTON 4100 S FERDON BLVD SUITE B2 CRESTVIEW, FL 32536		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/17/08-80023-007 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
PD HALL, CLIFTON 4100 S FERDON BLVD SUITE B2 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			
STD PARISH, ELIZABETH 706 W MAPLE AVE GENEVA, AL 36340			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		4/3/08 850-689-8881	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	