

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006299

FILED
Apr 24, 2009
Secretary of State

Entity Name: RIVERSIDE HOMEOWNERS' ASSOCIATION OF GULF COUNTY, INC.

Current Principal Place of Business:

4100 S FERDON BLVD
SUITE B2
CRESTVIEW, FL 32536

New Principal Place of Business:

501 N. SPRING ST.
SUITE A
CRESTVIEW, FL 32536

Current Mailing Address:

4100 S FERDON BLVD
SUITE B2
CRESTVIEW, FL 32536 US

New Mailing Address:

501 N. SPRING ST.
SUITE A
CRESTVIEW, FL 32536

FEI Number: 59-3313092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, CLIFTON
4100 S FERDON BLVD SUITE B2
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

HALL, CLIFTON
501 N. SPRING ST.
A
CRESTVIEW, FL 32536 US

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.

SIGNATURE:

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALL, CLIFTON
Address: 4100 S FERDON BLVD SUITE B2
City-St-Zip: CRESTVIEW, FL 32536

Title: VD () Delete
Name: PARISH, THOMAS W JR
Address: 706 W MAPLE AVE
City-St-Zip: GENEVA, AL 36340

Title: STD () Delete
Name: PARISH, ELIZABETH
Address: 706 W MAPLE AVE
City-St-Zip: GENEVA, AL 36340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HALL, CLIFTON
Address: 501 N. SPRING ST., SUITE A
City-St-Zip: CRESTVIEW, FL 32536

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLIFTON HALL

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date