

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000003528**

1. Entity Name  
**RIVERSIDE WALK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**934 N UNIVERSITY DR  
STE 224  
CORAL SPGS, FL 33071 US**

Mailing Address  
**934 N UNIVERSITY DR  
STE 224  
POMPAHO BEACH, FL 33071 US**



05012008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0603132</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ESPADA, WILFREDO  
9846 NW 1ST MANOR  
CORAL SPRINGS, FL 33071**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000947184  
06/02/08-80004-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, ANDREW 191 NW 97TH TERR CORAL SPGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRISICARO, CHRISTINA 9700 NW 1ST MANOR CORAL SPGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FENIMORE, DIANA 9791 NW 2ND STREET CORAL SPGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOY, DENNIS 153 NW 97TH TERR CORAL SPGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ESPADA, WILFREDO 9846 NW 1ST MANOR CORAL SPGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:**

*Wilfredo Espada*  
**Wilfredo Espada**

**May 1, of 2008**  
Date Daytime Phone # **240-7530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #