

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90111 003 ****61.25

DOCUMENT # N98000001376 1. Entity Name RIVERSIDE AT SANDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3240 CARDINAL DR VERO BEACH, FL 32963			Mailing Address 3240 CARDINAL DR, STE 200 VERO BEACH, FL 32963		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0855664				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 SCHLITT PROPERTY MGMT 3240 CARDINAL DR, STE 200 VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VP T <input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, LARRY		NAME		
STREET ADDRESS	3102 OCELOT WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COMER, MARY		NAME	McMahon, William	
STREET ADDRESS	3108 OCELOT WAY, # 7		STREET ADDRESS	3219 B SOUTH LAKEVIEW CIRCLE	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	S <input type="checkbox"/> Delete		TITLE		
NAME	DUNCAN, JANET		NAME		
STREET ADDRESS	3223-2 S. LAKEVIEW CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	MEDINA, WILLIAM K		NAME		
STREET ADDRESS	3223-8 S LAKEVIEW CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	SCHMIDT, ROBERT		NAME		
STREET ADDRESS	10475 BIRCH ST		STREET ADDRESS		
CITY-ST-ZIP	MECOSTA, MI 48332		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE		
NAME	SMITH, BEVERLY		NAME		
STREET ADDRESS	3117 OCELOT WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		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: <u>Beverly Smith, PRESIDENT</u> 4/06/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

BEVERLY SMITH