2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N98000001376

Entity Name: RIVERSIDE AT SANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4007 N A1A
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

4007 N A1A
FORT PIERCE, FL 34949

New Mailing Address:

FEI Number: 65-0855664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLITT PROPERTY MANAGEMENT
4007 N A1A
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	SIMPSON, LARRY	
Address:	3102 OCELOT WAY	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	VP	( ) Delete
Name:	MCMAHON, WILLIAM	
Address:	3219 B SOUTH LAKEVIEW CIRCLE	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	D	( ) Delete
Name:	BENOLIEL, NICK	
Address:	3223-9 S. LAKEVIEW CIRCLE	
City-St-Zip:	FORT PIERCE, FL 34940	
Title:	D	( ) Delete
Name:	MEDINA, WILLIAM K	
Address:	3223-8 S LAKEVIEW CIR	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	D	( ) Delete
Name:	SCHMIDT, ROBERT	
Address:	10475 BIRCH ST	
City-St-Zip:	MECOSTA, MI 49332	
Title:	P	( ) Delete
Name:	SMITH, BEVERLY	
Address:	3117 OCELOT WAY	
City-St-Zip:	FORT PIERCE, FL 34949	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BEVERALY SMITH P 01/05/2009

Electronic Signature of Signing Officer or Director — Date