


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90315 010 ****61.25

DOCUMENT # N99000003205	
1. Entity Name RIVERSIDE CLUB HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business ONE PIER DR RUSKIN FL 33570	Mailing Address PO BOX 7932 SUN CITY FL 33570
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0963344		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 BALLS, MATTHEW 2042 BAYOU DRIVE SOUTH RUSKIN FL 33570		7. Name and Address of New Registered Agent Name Ludwig, Bernie Street Address (P.O. Box Number is Not Acceptable) 2102 SCRUB JAY PLACE City RUSKIN FL 33570

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 Bernard Ludwig 4/19/06
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUDWIG, BERNIE 2102 SCRUB JAY PLACE RUSKIN FL 33570 <input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	LUDWIG, BERNIE 2102 SCRUB JAY PLACE RUSKIN, FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLS, MATTHEW 2042 BAYOU DRIVE SOUTH RUSKIN FL 33570 <input checked="" type="checkbox"/> Delete	V NAME STREET ADDRESS CITY-ST-ZIP	LYNCH, AL 1917 BAYOU DR N RUSKIN, FL 33570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAVER, AMANDA 2038 BAYOU DRIVE SOUTH RUSKIN FL 33570 <input checked="" type="checkbox"/> Delete	V NAME STREET ADDRESS CITY-ST-ZIP	MCGINNIS, STEPHAN 1920 PIER DR RUSKIN, FL 33570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD RODLIFF, IRMA 2003 PIER DRIVE RUSKIN FL 33570 <input type="checkbox"/> Delete	S NAME STREET ADDRESS CITY-ST-ZIP	RADLIFF, IRMA 2003 PIER DR RUSKIN FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAINE, DENISE 1919 BAYOU DRIVE NORTH RUSKIN FL 33570 <input checked="" type="checkbox"/> Delete	S NAME STREET ADDRESS CITY-ST-ZIP	KRAUSE, PATRICIA 2118 BAYOU DR S RUSKIN FL 33570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RISCILE, SHIRLEY 3813 BOARDWALK RUSKIN FL 33570 <input checked="" type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	HAWKES, DONNA 2021 BAYOU DR S RUSKIN FL 33570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DONNA R HAWKES Donna R Hawkes 1809ul do 813 645-2509