2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State
02-20-2007 90048 009 ****61.25

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1. Entity Name

RIVERSIDE CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE PIER DR RUSKIN FL 33570	PO BOX 7932 SUN CITY FL 33570

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0963344 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUDWIG, BERNIE
2102 SCRAB JAY PLACE
RUSKIN FL 33570

7. Name and Address of New Registered Agent

Name: ALFRED J LYNCH
Street Address (P.O. Box Number is Not Acceptable): 1917 BAYOU DR N
City: RUSKIN FL Zip Code: 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: [signature] AL LYNCH 7 MAR 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUDWIG, BERNIE 2102 SCRUB JAY PLACE RUSKIN FL 33570	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LYNCH, AL 1917 BAYOU N RUSKIN, FL 33570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LYNCH, SL 1917 BAYOU DR N RUSKIN FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KRAUSE, JIM 2110 BAYOU DR S RUSKIN, FL 33570	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCGINNIS, STEPHEN 1920 PIER DR RUSKIN FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND V MCGINNIS, STEPHEN 1920 PIER DR RUSKIN FL 33570	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RODLIFF, IRMA 2003 PIER DRIVE RUSKIN FL 33570	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KRAUSE, PATRICIA 2110 BAYOU DR S RUSKIN, FL 33570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KRAUSE, PATRICIA 2110 BAYOU DR S RUSKIN FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COHEE, PATRICIA RUSKIN, FL 33570	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAWKES, DONNA 2021 BAYOU DR S RUSKIN FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAWKES, DONNA 2021 BAYOU DR RUSKIN, FL 33570	☐ Change ☐ 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 7 March 07 813 645-2509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #