

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90053 038 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0963344	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LYNCH, ALFRED J 1917 BAYOU DR. N RUSKIN, FL 33570			Name: <u>KRAUSE, JAMES P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2110 BAYOU DRIVE SOUTH</u> City: <u>RUSKIN</u> FL <u>33570</u>		
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: <u>James P. Krause - President</u> 2/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, AL 1917 BAYOU N. RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAUSE, JAMES P. 2110 BAYOU DRIVE S. RUSKIN, FL 33570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYNCH, SL 1917 BAYOU DR N RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIVISON, CLAYTONE. 3514 BLUE LAGOON DRIVE RUSKIN, FL 33570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MCGINNIS, STEPHEN 1920 PIER DR RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP GAIR, BARBARA 3917 DOCKERS DRIVE RUSKIN, FL 33570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRAUSE, JIM 2310 BAYOU DR. S RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEE, PATRICIA A. 2004 PIER DRIVE RUSKIN, FL 33570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAUSE, PATRICIA 2110 BAYOU DR S RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATWATER, SHARON E. 3927 DOCKERS DRIVE RUSKIN, FL 33570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWKES, DONNA 2021 BAYOU DR S RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Sharon E. Atwater</u> SHARON E. ATWATER 2/19/08 813-645-3083 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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