2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N99000003205

Entity Name: RIVERSIDE CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ONE PIER DR
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

PO BOX 7932
SUN CITY, FL 33570

New Mailing Address:

PO BOX 7932
SUN CITY, FL 33586

FEI Number: 65-0963344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAUSE, JAMES P
2110 BAYOU DR S
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

NIVISON, CLAY
3514 BLUE LAGOON DRIVE
RUSKIN, FL 33570 US

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: CLAY NIVISON 04/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KRAUSE, JAMES P
Address: 2110 BAYOU DR S
City-St-Zip: RUSKIN, FL 33570

Title: VP ( ) Delete
Name: NIVISON, CLAYTON E
Address: 3514 BLUE LAGOON DR
City-St-Zip: RUSKIN, FL 33570

Title: 2VP ( ) Delete
Name: GAIR, BARBARA
Address: 3917 DOCKERS DR
City-St-Zip: RUSKIN, FL 33570

Title: S ( ) Delete
Name: COHEE, PATRICIA A
Address: 2004 PIER DR
City-St-Zip: RUSKIN, FL 33570

Title: T ( ) Delete
Name: ATWATER, SHARON E
Address: 3927 DOCKERS DR
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NIVISON, CLAY
Address: 3514 BLUE LAGOON DRIVE
City-St-Zip: RUSKIN, FL 33570

Title: VP (X) Change ( ) Addition
Name: HOYT, CHARLES
Address: 1905 BAYOU DRIVE NORTH
City-St-Zip: RUSKIN, FL 33570

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: GARERI, SALLI
Address: 2437 PIER DR
City-St-Zip: RUSKIN, FL 33570

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: CLAY NIVISON P 04/16/2009
Electronic Signature of Signing Officer or Director Date