

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-19-2000 90073 024 ****61.25

DOCUMENT # N99000003409

1. Entity Name

RIVERSIDE ASSOCIATES HOMEOWNERS' ASSOCIATION, INC *R*

Principal Place of Business

Mailing Address

640 CAPITAL CIRCLE NE
TALLAHASSEE FL 32301

640 CAPITAL CIRCLE NE
TALLAHASSEE FL 32301-3514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598433

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKLEY, CHARLES E
640 CAPITAL CIRCLE NE
TALLAHASSEE FL 32301

Name

Evelyn West

Street Address (P.O. Box Number is Not Acceptable)

22534 Frances Way

Tall Fla

City

FL

Zip Code

32310

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.

SIGNATURE

Evelyn West

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *D*
NAME NELSON, TERRY
STREET ADDRESS ROUTE 1 BOX 436
CITY-ST-ZIP SOPCHOPPY FL 32358 Delete

TITLE *Pres*
NAME *D* *Jim Clements*
STREET ADDRESS *Riverside Apt 7*
CITY-ST-ZIP *Carrabelle Fla* Change Addition

TITLE *D*
NAME MARKLEY, CHARLES E
STREET ADDRESS 640 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE FL 32301 Delete

TITLE *V Pres*
NAME *D* *Larry Casey*
STREET ADDRESS *Riverside Apt 11*
CITY-ST-ZIP *Carrabelle Fla* Change Addition

TITLE *D*
NAME HARRISON, B. LEE JR.
STREET ADDRESS 2908 NORTHMONT DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303 Delete

TITLE *Sic*
NAME *D* *Judy Rhodes*
STREET ADDRESS *931 Bular Cliff Rd*
CITY-ST-ZIP *Tall Fla* Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE *Treas*
NAME *D* *Evelyn West*
STREET ADDRESS *22534 Frances Way*
CITY-ST-ZIP *Tall Fla 32310* Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2000

DATE

576-8633

DAYTIME PHONE #