

DOCUMENT # N99000003409

1. Entity Name

RIVERSIDE ASSOCIATES HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

640 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32301

Mailing Address

640 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32301

2. Principal Place of Business

22534 Frances Way  
Suite, Apt. #, etc.

3. Mailing Address

22534 Frances Way  
Suite, Apt. #, etc.

City &amp; State

Tall Fla

City &amp; State

Tall Fla

Zip

32310

Country

Leon

Zip

32310

Country

Leon

4. FEI Number

59-3598433

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

EVELYN, WEST  
22534 FRANCES WAY  
TALLAHASSEE FL 32310

Name

Evelyn West

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

22534 Frances Way

City

Tall Fla

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-2001

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CLOCANTE, JIM	RIVERSIDE APT 7	CARRABELLE FL	
	VPD	CASEY, LARRY	RIVERSIDE APT 7	
	SD	RHODES, JUDY	931 BUAR CLIFF RD	
	TD	WEST, EVELYN	22534 FRANCES WAY	
			TALLAHASSEE FL 32310	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

Date

Daytime Phone #

4-10-2001 576-8633

FILED  
Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90040 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)