

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000003409

FILED
Jul 14, 2005
Secretary of State

Entity Name: RIVERSIDE ASSOCIATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

22534 FRANCES WAY
TALLAHASSEE, FL 32310

New Principal Place of Business:

401 ST. JAMES PLACE
CARRABELLE, FL 32322

Current Mailing Address:

22534 FRANCES WAY
TALLAHASSEE, FL 32310

New Mailing Address:

619 OAKRIDGE RD.
ELLIJAY, GA 30536

FEI Number: 59-3598433 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVELYN, WEST
22534 FRANCES WAY
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

POWIS, ROBERT R
401 ST. JAMES PLACE
UNIT #3
CARRABELLE, FL 32322 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: ROBERT R. POWIS

07/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEST, EVELYN
Address: 22534 FRANCES WAY
City-St-Zip: TALLAHASSEE, FL 32310

Title: ST () Delete
Name: WING, EARL
Address: 2102 IRIS DR
City-St-Zip: CONYERS, GA 30094

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: POWIS, ROBERT R
Address: 619 OAKRIDGE RD.
City-St-Zip: ELLIJAY, GA 30536

Title: PRES (X) Change () Addition
Name: KING, EARL
Address: 2102 IRIS DRIVE
City-St-Zip: CONYERS, GA 30094

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT R. POWIS

ST

07/14/2005

Electronic Signature of Signing Officer or Director

Date