

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003409

FILED
Feb 15, 2009
Secretary of State

Entity Name: RIVERSIDE ASSOCIATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

401 ST. JAMES PLACE
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

619 OAKRIDGE RD.
ELLIJAY, GA 30536

New Mailing Address:

FEI Number: 59-3598433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: POWIS, ROBERT R
Address: 619 OAKRIDGE RD.
City-St-Zip: ELLIJAY, GA 30536

Title: VP () Delete
Name: LAW, WALTER
Address: PO BOX 848
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: KING, EARL
Address: 2102 IRIS DRIVE
City-St-Zip: CONYERS, GA 300094

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: ROBERT POWIS

PRES

02/15/2009

Electronic Signature of Signing Officer or Director

Date