

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90050 041 ****61.25

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DOCUMENT # N99000003409

1. Entity Name

RIVERSIDE ASSOCIATES HOMEOWNERS' ASSOCIATION, IN C.



Principal Place of Business

**22534 FRANCES WAY
TALLAHASSEE FL 32310**

Mailing Address

**22534 FRANCES WAY
TALLAHASSEE FL 32310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3598433**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVELYN, WEST
22534 FRANCES WAY
TALLAHASSEE FL 32310**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Evelyn West Pres*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug 18 03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **RHODES, JUDY**
STREET ADDRESS **931 BRIARCLIFF RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE *Pres* ☒ Change ☐ Addition
NAME *Evelyn West*
STREET ADDRESS *22534 Frances Way*
CITY-ST-ZIP *Tall Fla 32310*

TITLE **VPD** ☒ Delete
NAME **CASEY, LARRY**
STREET ADDRESS **RIVERSIDE APT 7**
CITY-ST-ZIP **CARRABELLE FL**

TITLE *Sec + Treas* ☒ Change ☐ Addition
NAME *Earl King*
STREET ADDRESS *2102 Dwyer*
CITY-ST-ZIP *Conroe Va 30094*

TITLE **TD** ☒ Delete
NAME **WEST, EVELYN**
STREET ADDRESS **22534 FRANCES WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Evelyn West*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 18 03 *850-576-8633*
DATE Daytime Phone #

CR2E037 (4/03)