2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 8:00 am Secretary of State DOCUMENT # N99000005295 05-03-2004 90749 020 ****61.25 RIVERDALE COMMERCIAL OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4520 4TH AVENUE EAST 4520 4TH AVENUE EAST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address 3890 EAST STATE RD 64 3890 BAST STATE RO 64 Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-NP CR2E037 (10/03) SUITE 101 SUITE 101 Applied For City & State City & State 4. FEI Number RADENTEN 65-1033817 2Apenten Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34208 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, STEPHEN W Street Address (P.O. Box Number is Not Acceptable) 1205 MANATEE AVENUE WEST BRADENTON, FL 34205 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to П ...Trust Fund Contribution. Florida Department of State Due by.May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change Addition NAME KEATING, KENNETH D NAME 3890 BAST STATE RO 64 STREET ADDRESS 4520 4TH AVENUE EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WORTHINGTON, NORMAN NAME NAME **4074 ROBERTS POINT ROAD** STREET ADDRESS STREET ADDRESS SARASOTA, FL 34242 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change TITLE ☐ Addition KEATING, BRENDA NAME NAME 3890 BAST STATE ED 64 STREET ADDRESS 4520-4TH-AVENUE-EAST* STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change noitibbA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP.

☐ Delete

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR