

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006680

1. Entity Name
RIVERBEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
232 RIVERBEACH DR STE B
ORMOND BEACH, FL 32176

Mailing Address
232 RIVERBEACH DR STE B
ORMOND BEACH, FL 32176



01072004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASTROPIERRO, RAFAELLA
232 RIVER BEACH DR
SUITE B
ORMOND BEACH, FL 32176

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IN THIS SPACE

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

Rafella Mastropiero

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

(NOTE: Registered Agent signature required when reinstating)

January 8, 2004

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MASTROPIERRO, RAFAELLA
STREET ADDRESS 595 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE STD
NAME MASTROPIERRO, JOHN N
STREET ADDRESS 232 RIVERBEACH DR.,STE.B
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
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CITY-ST-ZIP

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01/13/04-80036-001 61.25

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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. (386)

SIGNATURE:

Rafella Mastropiero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2004 677-7707

DATE

Daytime Phone #