

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006680

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** RIVERBEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

232 RIVERBEACH DR STE B  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

232 RIVERBEACH DR STE B  
ORMOND BEACH, FL 32176

**New Mailing Address:**

FEI Number: 42-1648027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASTROPIERRO, RAFAELLA  
232 RIVER BEACH DR  
SUITE B  
ORMOND BEACH, FL 32176 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: PD  
Name: MASTROPIERRO, RAFAELLA  
Address: 595 RIVERSIDE DR  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: STD  
Name: MASTROPIERRO, JOHN N  
Address: 232 RIVER BEACH DR, STE B  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: D  
Name: MASTROPIERRO, MICHELLE A  
Address: 45 PLEASANT DR  
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN N MASTROPIERRO

STD

02/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date