

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082496

Entity Name: PUNTA RIVERSIDE, INC.

FILED
Feb 05, 2004
Secretary of State

Current Principal Place of Business:

1100 FIFTH AVENUE SOUTH
201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1100 FIFTH AVENUE SOUTH
201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 05-0523507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUS & BALLENGER PA
1072 GOODLETTE RD
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WANKLYN, JOHN A
Address: 1100 FIFTH AVENUE S. #201
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: CONNOR, SYLVIA
Address: 1486 NORTHGATE DRIVE
City-St-Zip: NAPLES, FL 34105

Title: VPD () Delete
Name: TOM, FLOOD
Address: 1100 FIFTH AVENUE SOUTH #201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: CONNOR, SYLVIA
Address: 3531 BONITA BAY BLVD #300
City-St-Zip: BONITA SPRINGS, FL 34134

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A WANKLYN

P

02/05/2004

Electronic Signature of Signing Officer or Director

_____ Date