

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 24, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P97000064190**

1. Entity Name  
RIVERVIEW APARTMENTS G.P., INC.



Principal Place of Business  
3320 NORTH KEY DRIVE  
FORT MYERS, FL

Mailing Address  
24500 CHAGRIN BLVD., #340  
BEACHWOOD, OH 44122



03082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3458758

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RISMAN, WILLIAM B  
501 116TH AVENUE NORTH  
ST. PETERSBURG, FL 33716

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U000000095355  
03/24/04-80028-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CSD  
RISMAN, WILLIAM B  
24500 CHAGRIN BLVD., #200  
BEACHWOOD, OH 44122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
RISMAN, ROBERT G  
24500 CHAGRIN BLVD., #200  
BEACHWOOD, OH 44122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
RISMAN, ROBERT R  
24500 CHAGRIN BLVD., #200  
BEACHWOOD, OH 44122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Risman

3/15/04

216-464-5130