**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000098729

1. Corporation Name

RIVERSIDE GOLF COURSE INVESTORS, INC.

Principal Place of Business

Mailing Address

## **FILED** May 08, 1999 8:00 am Secretary of State

05-08-1999 90069 004 \*\*\*158.75



2637 MCCORMIC		2637 MCCORMICK DR., STE, B CLEARWATER FL 34619-1041							
CLEARWATER F	L 34019-1041	OCCUMATED LE 240121	(PHI			DO NOT WR	ITE IN THIS	SPACE	
					ļ	3. Date Incorporated or Qualifect	1		
					}	11/18/1998			İ
2. Principal Pl	ace of Business	2a. Mailing Address	`	_		4 FELNumber			Applied For
— ^ <i>1</i>	and's Edge Drive	26 P.O. L	0x 90	19		65-0899877			lot Applicable
Suite, Apt. 1		Suite, Apt. #, etc.				5. Certifcate of Status Desired	X	+	Additional Required
City & State City & State						6. Election Campaign Financing	<del>/ _</del> _	\$5.00	May Be
23 Chadds Ford, 194 28 Chadds Ford				4 <del>43</del>	<del>117</del>	Trust Fund Contribution		Added	to Fees
zip 1931		zip 19317	Count	" USF	7	This corporation owes the cur Personal Property Tax.		Yes	□No_
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	
14/01/1	CE DANDOLDU I		8	1 Name	To	seph W. Gavnor	. P.A.		
WOLFE, RANDOLPH J				2 Street	Addres	s (P.O. Box Number is Not Accept	able) -		
201 N. FRANKLIN ST., STE. 2100					2	037 McCornick	Onv	<u>e</u>	
TAME	PA FL 33602		8	3	5	wite B			
			8		$\mathcal{C}$	learwater	FL	85 Zij	22/27
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abo	ve-named	corpora	ation submits this statement for the	purpose of	changing i	ts registered
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	ns of, Section 607.0505. Fl	autnonzed b orida Statute	y the corpo	oralion	s board of directors. Thereby acce	pruie appoi		egistered
SIGNATURE	80/1/1			7	7	NEAT	4/2	-0199	1
	Signature, and of primer name of registered agent a	and title if applicable. (NO?	E: Registered Ag	ent signature r	required w	hen reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS AN	ID DIRECT	ORS IN 12
TITLE	D /	☐ DELETE	1.1 TITLE		P	/T/D		Change	e 🔲 Addition
NAME 1	GAYŃOR, JOSEPH W		1.2 NAM		Jos	eph w. Gaynor	۵ مل		
STREET ADORESS	2637 MCCORMICK DR., STE. B		1.3 STRE	ET ADDRESS	2/07	in mcCormicic Orive.	<i>A</i> (10		1
CITY-ST-ZIP	CLEARWATER FL 34619-1041		1.4 CITY-	ST-ZIP	CI	earwater. FL 33759	ſ		
TITLE	D	☐ DELETE	2.1 TITLE		V/	$\overline{\mathcal{D}}$		Change	e ☐ Addition
NAME	GIOVINCO, PHILLIP C		2.2 NAME	:	Phi	illip C. Giovinco		, \	
STREET ADDRESS	2637 MCCORMICK DR., STE. B		23.STRE	ET ADDRESS		Pond's Edge Drive			
CITY-ST-ZIP	CLEARWATER FL 34619-1041		2. 4 CITY		Ch	adds Ford, PA 193	17		
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NAME				ET ADDRESS	12.0	in prichties know!	ue		
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CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		5			Change	Addition
		C 500010	4. 2 NAM			net L. Johnson		_	
NAME					30	Pond's Edge Drive			
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			C 4 OFF	OT 710	1				

14. 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 annual report or supplemental annual 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 of the receiver of rustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 12 if changed on an attachment with an address, with all other like empowered.

SIGNATURE:

Phillip C. Giovinco