

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007932

**Entity Name:** RIVERSIDE GRANDE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 26, 2016**  
**Secretary of State**  
**CC5124195165**

**Current Principal Place of Business:**

821 N RIVERSIDE DRIVE  
MGMT. OFFICE  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

151 NO. NOB HILL ROAD  
288  
PLANTATION, FL 33324

**FEI Number: 20-3257718**

**Certificate of Status Desired: No**

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

RIVERSIDE GRANDE CONDO ASSOC.  
821 N RIVERSIDE DR  
POMPANO BEACH, FL 33062 US

*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

**Officer/Director Detail :**

Title VP  
Name LORIGAN, MICHAEL  
Address 821 N RIVERSIDE DR  
City-State-Zip: POMPANO BEACH FL 33062

Title SECRETARY  
Name KRONENBERG, MORTON  
Address 821 N RIVERSIDE DR  
City-State-Zip: POMPANO BEACH FL 33062

Title TR  
Name PEROTTA, GREGORY  
Address 821 N RIVERSIDE DRIVE UNIT 702  
City-State-Zip: POMPANO BEACH FL 33062

Title D  
Name KUSTOFF, MARC  
Address 821 NO RIVERSIDE DRIVE  
City-State-Zip: POMPANO BEACH FL 33062

Title PRESIDENT  
Name MAILLET, PAUL  
Address 821 NORTH RIVERSIDE DRIVE  
City-State-Zip: POMPANO BEACH FL 33062

*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: PAUL MAILLET**

**PRESIDENT**

**03/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date