

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003409

Entity Name: RIVERSIDE ASSOCIATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**401 ST. JAMES PLACE
CARRABELLE, FL 32322**Current Mailing Address:**RIVERSIDE ASSOCIATES HOMEOWNERS ASSOC
P.O. BOX 1143
CARRABELLE, FL 32322**FEI Number:** 59-3598433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SYVERSON, CHUCK
401 ST. JAMES PLACE
UNIT #5
CARRABELLE, FL 32322 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	PRES
Name	SYVERSON, CHARLES
Address	401 SAINT JAMES AVE 5
City-State-Zip:	CARRABELLE FL 32322

Title	MEMBER AT LARGE
Name	EATMAN, ROGER
Address	401 SAINT JAMES AVE 11
City-State-Zip:	CARRABELLE FL 32322

Title	MEMBER AT LARGE
Name	CONNELL, CHIP
Address	1700 ROSSVIEW ROAD
City-State-Zip:	CLARKSVILLE TN 37043

Title	SECRETARY
Name	CHASTAIN, LINDA
Address	401 SAINT JAMES AVE 7
City-State-Zip:	CARRABELLE FL 32322

Title	T
Name	BATES, LONDON L
Address	P.O. BOX 1143
City-State-Zip:	CARRABELLE FL 32322

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: LONDON L. BATES**TREASURER****01/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date