

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 US

**FEI Number:** 59-3598433

**Certificate of Status Desired:** No

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

HIRST, CHRIS  
2076 ANGUS STREET  
TALLAHASSEE, FL 32317 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 SECRETARY  
Name CHASTAIN, LINDA  
Address 401 SAINT JAMES AVE  
7  
City-State-Zip: CARRABELLE FL 32322

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

Title P  
Name ROBERTS, FARRELL  
Address PO 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:** FARRELL ROBERTS

**PRESIDENT**

**08/30/2025**

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

\_\_\_\_\_  
Date