



Colorado Secretary of State  
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### Annual Report

filed pursuant to [§7-90-301](#), et seq. and [§7-90-501](#) of the Colorado Revised Statutes (C.R.S)

ID number:

20031215142

Entity name:

RIVERSIDE SUBDIVISION MASTER ASSOCIATION, INC.

Jurisdiction under the law of which the  
entity was formed or registered:

Colorado

### You must complete line 1.

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Pockross	Keith	M.	
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(City)	(State)	(Postal/Zip Code)	
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United States  
*(Province – if applicable) (Country – if not US)*

3. Principal office mailing address:  
(if different from above)

*(Street name and number or Post Office Box information)*

*(City) (State) (Postal/Zip Code)*

*(Province – if applicable) (Country – if not US)*

4. Registered agent name: (if an individual) POCKROSS KEITH M.  
*(Last) (First) (Middle) (Suffix)*

**OR** (if a business organization)

5. The person identified above as registered agent has consented to being so appointed.

6. Registered agent street address: 1200 17TH ST STE 2400  
*(Street name and number)*

DENVER CO 80202  
*(City) (State) (Postal/Zip Code)*

7. Registered agent mailing address:  
(if different from above)

*(Street name and number or Post Office Box information)*

*(City) (State) (Postal/Zip Code)*

*(Province – if applicable) (Country – if not US)*

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