


FILE NOW: FILING FEE IS \$61.25

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**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90217 011 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT  
**2000**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 701785**  
1. Corporation Name  
**RIVIERA BAY CIVIC ASSOCIATION, INC.**

Principal Place of Business  
9795 1ST N.E.  
ST. PETERSBURG FL 33702  
US

Mailing Address  
9795 1ST ST NE  
ST. PETERSBURG FL 33702  
US



21	22	23	24	25	26	27	28	29	30	3	4	5	6
Principal Place of Business		2a. Mailing Address		Date Incorporated or Qualified		FEI Number		Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		Applied For / Not Applicable	
9795 1st ST NE		9795 1st ST NE		12/10/1960		59-2742119		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Zip		Country		Zip		Country			
St. Petersburg FL		St. Petersburg FL		33702		USA		33702		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWCOMB, MADELINE 9795 1 ST. N.E. ST. PETERSBURG FL 33702				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *M. J. Hunt* 4/6/00

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/>			
NAME	NEWCOMB, MADELINE		1.2 NAME				
STREET ADDRESS	9795 1ST N.E.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/>			
NAME	RABUN, SCOTT		2.2 NAME	NORMAN MUELLER			
STREET ADDRESS	101 87TH ST NE		2.3 STREET ADDRESS	8400 Bay St.			
CITY-ST-ZIP	ST PETE FL		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702			
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/>			
NAME	LORENT, AMY		3.2 NAME	MARGIE QUINIK			
STREET ADDRESS	101 87TH ST NE		3.3 STREET ADDRESS	9001 3RD ST. NE			
CITY-ST-ZIP	ST PETE FL		3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Change <input checked="" type="checkbox"/> Add <input type="checkbox"/>			
NAME	WEISENBURG, MARC		4.2 NAME	DONNA HOOVER			
STREET ADDRESS	100 98TH AVE. N.		4.3 STREET ADDRESS	163 87TH AVE N			
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>			
NAME	FOSTER, PAULINE		5.2 NAME				
STREET ADDRESS	335 89TH AVENUE N		5.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>			
NAME	NEWCOMB, RICHARD		6.2 NAME				
STREET ADDRESS	9795 1ST ST NE		6.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETE FL		6.4 CITY-ST-ZIP				

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked or on attachment with an address, with all other like empowered.

SIGNATURE: *M. J. Hunt* PRESIDENT 4/3/00 (727) 577-9271