

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90062 037 \*\*\*\*61.25

DOCUMENT # **N00000000238** ✓  
1. Entity Name  
**RIVIERA DUNES OWNERS ASSOC., INC.**

**DO NOT WRITE IN THIS SPACE**



**35362**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>P.O. Box 34065</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 34065</b> Suite, Apt. #, etc.	
City & State <b>Pensacola, FL 32507</b>	City & State <b>Pensacola, FL</b>	4. FEI Number <b>59-3632009</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32507</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DEBORAH WATERS**  
Street Address (P.O. Box Number is Not Acceptable)  
**6202 DON CARLOS DR.**  
City **PENSACOLA** FL Zip Code **32507**

8. 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 *Deborah Waters* **4/30/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.P. ANDREW GASAWAY 16684 Perdido Key DR. #306 PENSACOLA, FL 32507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.V.P. DONNY FINLEY 133 Old Mill Rd FAYETTE, AL 36533</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.J. MARGIE MURDOCK 16684 Perdido Key DR #304 PENSACOLA, FL 32507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.S. LISA D. HILES 16685 Perdido Key DR #503 PENSACOLA, FL 32507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.D. WALTER HOWARD 4649 DESTINY WAY DESTIN, FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or on an attachment with an address, without other like empowerment.

SIGNATURE: *X D. Hiles* **LISA D. HILES** **26 APR 02 (888) 477-1020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Sec/Bond of An/RD** Date Daytime Phone #

CR2E037B (12/01)