


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90107 030 ****61.25

DOCUMENT # N00000000238

1. Entity Name
RIVIERA DUNES OWNERS' ASSOCIATION, INC.



Principal Place of Business
**PO BOX 34065
 PENSACOLA, FL 32527**

Mailing Address
**PO BOX 34065
 PENSACOLA, FL 32527**

14006171



2. Principal Place of Business
16684 Perdido Key Drive
 Suite, Apt. #, etc.
Association Office Box
 City & State
Pensacola, FL
 Zip
32507 Country
Escambia

3. Mailing Address
16684 Perdido Key Dr.
 Suite, Apt. #, etc.
Association Office Box
 City & State
Pensacola, FL
 Zip
32507 Country
Escambia

04162004 Chg-NP CR2E037 (10/03)

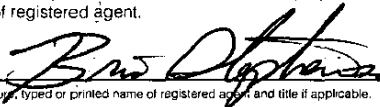
4. FEI Number
59-3632229- Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WATERS, DEBORAH
 6200 DON CARLOS DR
 PENSACOLA, FL 32507**

7. Name and Address of New Registered Agent
 Name **Brian Stephenson**
 Street Address (P.O. Box Number is Not Acceptable)
5006 Chocoma Ave
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/15/04**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASAWAY, ANDREW PO BOX 2156 HAMMOND, LA 70404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINDLEY, DONNY 133 OLD MILL RD FAIRHOPE, AL 36532 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dave Niesen 16684 Perdido Key Dr. Unit 205 Pensacola, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURDOCK, MARGIE 16684 PERDIDO KEY DR, APT 304 PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mary Evelyn Smith 2601 Montevallo Road Birmingham, AL 35223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILES, LISA 16685 PERDIDO KEY DR, APT 503 PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Penny Hendrix 16684 Perdido Key Dr. Unit 206 Pensacola, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, MEGAN 16685 PERDIDO DR, #301 PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **4/15/04** DAYTIME PHONE # **850-492-4151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR