
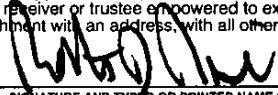


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90017 023 \*\*\*\*61.25

<b>DOCUMENT # N0000000238</b>					
1. Entity Name RIVIERA DUNES OWNERS' ASSOCIATION, INC.					
Principal Place of Business 16684 PERDIDO KEY DRIVE ASSOCIATION OFFICE BOX PENSACOLA, FL 32507			Mailing Address 16684 PERDIDO KEY DRIVE ASSOCIATION OFFICE BOX PENSACOLA, FL 32507		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3632229</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEPHENSEN, BRIAN 5006 CHOCTAW AVE. PENSACOLA, FL 32507			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIESEN, DAVE		NAME	NIESEN, DAVE	
STREET ADDRESS	16684 PERDIDO KEY DRIVE, UNIT 205		STREET ADDRESS	16684 PERDIDO KEY Drive, Unit 205	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARY EVELYN		NAME	SMITH, MARY EVELYN	
STREET ADDRESS	2601 MONTEVALLO RD.		STREET ADDRESS	2601 Montevallo RD	
CITY-ST-ZIP	BIRMINGHAM, AL 35223		CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRIX, PENNY		NAME	WAPOLE, STEVE	
STREET ADDRESS	16684 PERDIDO KEY DRIVE, UNIT 206		STREET ADDRESS	152 WILD MEADOWS	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	HATTIESBURG, MS 39402	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, MEGAN		NAME	OSBORNE, MEGAN	
STREET ADDRESS	16685 PERDIDO DR. #301		STREET ADDRESS	16685 PERDIDO KEY DR., # 301	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGINSON, ANN		NAME	SARGINSON, ANN	
STREET ADDRESS	6207 SPALDING DRIVE		STREET ADDRESS	295 DOGWOOD WALK LANE	
CITY-ST-ZIP	NORCROSS, GA 30092		CITY-ST-ZIP	NORCROSS, GA 30071	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Robert D. NIESEN		Date: 4/10/06 Daytime Phone #: 292-9565	