


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90468 024 \*\*\*\*61.25

**DOCUMENT # N0000000238**  
 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

60045159



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04242007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-3632229**

Applied For  
 Not Applicable

City & State  
 Zip Country

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

Zip Country  
 Zip Country

**6. Name and Address of Current Registered Agent**  
 STEPHENSEN, BRIAN  
 5006 CHOCTAW AVE.  
 PENSACOLA, FL 32507

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NIESEN, DAVE <input type="checkbox"/> Delete 16684 PERDIDO KEY DRIVE, UNIT 205 PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MARY EVELYN <input type="checkbox"/> Delete 2601 MONTEVALLO RD. BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAPOLE, STEVE <input type="checkbox"/> Delete <del>152 WILD MEADOWS</del> HATTIESBURG, MS 39402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSBORNE, MEGAN <input type="checkbox"/> Delete 16685 PERDIDO DR, #301 PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARGINSON, ANN <input type="checkbox"/> Delete 295 DOGWOOD WALK LN NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** *[Handwritten Signature]* **4/26/07** **850-324-8262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #