

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000238

FILED
Apr 28, 2008
Secretary of State

Entity Name: RIVIERA DUNES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

16684 PERDIDO KEY DRIVE
ASSOCIATION OFFICE BOX
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

16684 PERDIDO KEY DRIVE
ASSOCIATION OFFICE BOX
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3632229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, BRIAN
5006 CHOCTAW AVE.
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

STEPHENSON, BRIAN
5006 CHOCTAW AVE.
PENSACOLA, FL 32507 US

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: BRIAN STEPHENSON

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: NIESEN, DAVE
Address: 16684 PERDIDO KEY DRIVE, UNIT 205
City-St-Zip: PENSACOLA, FL 32507

Title: PD () Delete
Name: SMITH, MARY EVELYN
Address: 2601 MONTEVALLO RD.
City-St-Zip: BIRMINGHAM, AL 35223

Title: D () Delete
Name: WAPOLE, STEVE
Address: 152 WILD MEADOWS
City-St-Zip: HATTIESBURG, MS 39402

Title: SD () Delete
Name: OSBORNE, MEGAN
Address: 16685 PERDIDO DR, #301
City-St-Zip: PENSACOLA, FL 32507

Title: VD (X) Delete
Name: SARGINSON, ANN
Address: 295 DOGWOOD WALK LN
City-St-Zip: NORCROSS, GA 30071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: NIESEN, DAVE
Address: 16684 PERDIDO KEY DRIVE, UNIT 205
City-St-Zip: PENSACOLA, FL 32507

Title: PTD (X) Change () Addition
Name: SMITH, MARY EVELYN
Address: 2601 MONTEVALLO RD.
City-St-Zip: BIRMINGHAM, AL 35223

Title: VD (X) Change () Addition
Name: WINSTEAD, JIM
Address: 3052 ROSA DEL VILLA
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY EVELYN SMITH

PTD

04/28/2008

Electronic Signature of Signing Officer or Director

Date