FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33220 (7)

1. Corporation Name

RIVIERA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DAVID W. WILLIAMS P. O. BOX 2003 NEW PORT RICHEY FL 34656 US	% DAVID W. WILLIAMS P. O. BOX 2003 NEW PORT RICHEY FL 34656 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1989
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2961492 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4800 Mile Stretch Dr.	26 P O Box 3370
Suite, Apt. #, etc. 22 P O Box 3370	Suite, Apt. #, etc. 27
City & State 23 Holiday, FL 34690	City & State 28 Holiday, FL 34690
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, DAVID W.
8930 DECABELLIS RD.
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name: Frederick Reimer
82 Street Address (P.O. Box Number is Not Acceptable): 4800 Mile Stretch Dr.
83
84 City: Holiday, FL 34690 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Frederick Reimer, Agent — 3/22/95
Signature (type) or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DAVID W.	12 NAME	
STREET ADDRESS	8980 CRESCENT FOREST BLV	13 STREET ADDRESS	8930 Decabellis Rd
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	New Port Richey 34654
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, PAUL	22 NAME	
STREET ADDRESS	1801 S. BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	34652
TITLE	STD	31 TITLE	SD ☐ Change ☐ Addition
NAME	CRUMBLEY, ALLEN	32 NAME	Don Lord
STREET ADDRESS	2432 US HWY 19	33 STREET ADDRESS	6127 Riviera Lane
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP	New Port Richey, FL 34655
TITLE		41 TITLE	D ☐ Change ☐ Addition
NAME		42 NAME	Kathryn Starkey
STREET ADDRESS		43 STREET ADDRESS	6143 Claire Delune Court
CITY-ST-ZIP		44 CITY-ST-ZIP	New Port Richey, FL 34655
TITLE		51 TITLE	D ☐ Change ☐ Addition
NAME		52 NAME	Ronald Sokol
STREET ADDRESS		53 STREET ADDRESS	2027 S. Pointe Drive
CITY-ST-ZIP		54 CITY-ST-ZIP	Dunedin, FL 34698
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/25/95 813-841-0753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID W. WILLIAMS

0047441