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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N33220** **(7)**

1. Corporation Name

RIVIERA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4800 MILE STRETCH DRIVE PO BOX 3370 HOLIDAY FL 34690 US	P.O. BOX 3370 HOLIDAY FL 34690 US

3. Date Incorporated or Qualified: 07/10/1989

4. FEI Number: 59-2961492 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REIMER, FREDERICK 4800 MILE STRETCH DRIVE HOLIDAY FL 34690	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	OMAN, EDMUND		1.2 NAME	Joel Hershkowitz	
STREET ADDRESS	6106 RIVIERA LANE		1.3 STREET ADDRESS	5940 Cachette Deriviere Ct	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	VPD	☒ DELETE	2.1 TITLE	V. President D	☒ Change ☐ Addition
NAME	HERSHKOWITZ, JOEL		2.2 NAME	Thomas Palazzolo	
STREET ADDRESS	5940 CACHETTE DERIVIERE COURT		2.3 STREET ADDRESS	1031 Pomme DePin Ln.	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	New Port Richey, FL. 34655	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOKOL, RONALD		3.2 NAME		
STREET ADDRESS	2027 S. POINTE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CANTWELL, RAY		4.2 NAME		
STREET ADDRESS	7520 CHELTNAM COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: _____