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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33220

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~~

2. Principal Place of Business	2a. Mailing Address
21 c/o Matthew A. Potter, CPA, PA	26 c/o Matthew A. Potter, CPA, PA
Suite, Apt. #, etc. 22 5940 Main St.	Suite, Apt. #, etc. 27 5940 Main St.
City & State 23 New Port Richey, FL	City & State 28 New Port Richey, FL
Zip / Country 24 34652 25	Zip / Country 29 34652 30

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

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Matthew A. Potter, CPA 82 Street Address (P.O. Box Number is Not Acceptable): 5940 Main St. 83 84 City: New Port Richey FL 85 Zip Code: 34652

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: Matthew A. Potter, C.P.A. DATE: 2-16-99
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		☐ Change ☐ Addition
NAME	JOEL HERSHKOWITZ		1.2 NAME		
STREET ADDRESS	5940 CACHETTE DERIVIERE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	THOMAS PALAZZOLO		2.2 NAME	Griffin, Wade	
STREET ADDRESS	1031 POMME DEPIN LN		2.3 STREET ADDRESS	6040 Riviera Lane	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		2.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	TD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SOKOL, RONALD		3.2 NAME	Sokol, Ronald	
STREET ADDRESS	2027 S. POINTE DRIVE		3.3 STREET ADDRESS	5902 Cachette De Riviere Ct.	
CITY-ST-ZIP	DUNEDIN FL		3.4. CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	SD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	CANTWELL, RAY		4. 2 NAME	Patterson, Gary	
STREET ADDRESS	7520 CHELTNAM COURT		4.3 STREET ADDRESS	6028 Riviera Lane	
CITY-ST-ZIP	NEW PT RICHEY FL		4.4 CITY-ST-ZIP	New Port Richey, FL	
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		

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, with all other like empowered.

SIGNATURE: Ronald N. Sokol, Secretary FILED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)