2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
09-18-2000 90036 049 ****61.25

DOCUMENT # N33220

1. Entity Name

RIVIERA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MATTHEW A POTTER. CPA. PA 5940 MAIN ST. NEW PORT RICHEY FL 34652 US	C/O MATTHEW A POTTER. CPA. PA 5940 MAIN ST. NEW PORT RICHEY FL 34652 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8406 Massachusetts Ave	8406 Massachusetts Ave Suite B-3
Suite, Apt. #, etc.: Suite B-3	Suite, Apt. #, etc.: New Port Richey
City & State: New Port Richey FL	City & State: FL
Zip: 34653 Country: Pasco	Zip: 34653 Country: Pasco

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POTTER, MATTHEW A CPA 5940 MAIN ST. NEW PORT RICHEY FL 34652	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.

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOEL HERSHKOWITZ 5940 CACHETTE DERIVIERE CT NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WADE, GRIFFIN 6040 RIVIERA LN. NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ PD SOKOL, RONALD 5902 CACHETTE DE RIVIERE CT. NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PATTERSON, GARY 6028 RIVIERA LN. NEW PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gonzalez, Paul SD 5962 Riviera Lane New Port Richey FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Newman, Linda D 6212 Claire deLune Ct New Port Richey FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

12. 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 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: SIGNATURE REQUIRED 9/11/00 727-847-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #