2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N33220

Entity Name: RIVIERA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2961492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SCANNAVINO, DOMINICK
Address: 6040 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: RIVERA, MARGARET
Address: 5956 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD ( ) Delete
Name: HERSHKOWITZ, JOEL
Address: 5940 CACHETTE DE RIVIERE CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: SCANNAVINO, DOMINICK
Address: 6040 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD (X) Delete
Name: DAVIS, BILL
Address: 6004 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: SCANNAVINO, DOMINICK
Address: 6040 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD (X) Change ( ) Addition
Name: RIVERA, MARGARET
Address: 5956 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: VPD (X) Change ( ) Addition
Name: BOGDAN, RICHARD
Address: 6219 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: MARGARET RIVERA S 04/21/2009

Electronic Signature of Signing Officer or Director — Date