

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**



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

DOCUMENT # N93000001422 (5)

1. Corporation Name

THE RIVIERA OF ORLANDO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

495 SONILAND AVE
LONGWOOD FL 32750
US

PO BOX 915408
LONGWOOD FL 32791
US

3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 03/29/1995
4. FEI Number 59-3188356	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WITHERELL, GRACE S.
495 SUNILAND AVE
LONGWOOD FL 32750

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

Signature, typed 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, ELIOT	1.2 NAME	ROSEMARY THOMAS
STREET ADDRESS	7455 MARSEILLE CIR	1.3 STREET ADDRESS	7443 MARSEILLE CIRCLE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL. 32822
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHER, PATTY	2.2 NAME	SUE PINZAC
STREET ADDRESS	7338 MARSEILLE CIR	2.3 STREET ADDRESS	7439 MARSEILLE CIRCLE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL. 32822
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITOTO, MARY ANN	3.2 NAME	DORIS LOPEZ
STREET ADDRESS	7318 MARSEILLE CIR	3.3 STREET ADDRESS	7479 MARSEILLE CIRCLE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL. 32822
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, DORIS	4.2 NAME	VILMA IRIZARRY
STREET ADDRESS	7479 MARSEILLE CIR	4.3 STREET ADDRESS	7435 MARSEILLE CIRCLE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL. 32822
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, DAVID	5.2 NAME	TATA RAMOS
STREET ADDRESS	7314 MARSEILLE CIR	5.3 STREET ADDRESS	7440 MARSEILLE CIRCLE
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL. 32822
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	TERRY LEE
STREET ADDRESS		6.3 STREET ADDRESS	7333 MARSEILLE CIRCLE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL. 32822

1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSEMARY THOMAS
1.3 STREET ADDRESS	7443 MARSEILLE CIRCLE
1.4 CITY-ST-ZIP	ORLANDO, FL. 32822
2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUE PINZAC
2.3 STREET ADDRESS	7439 MARSEILLE CIRCLE
2.4 CITY-ST-ZIP	ORLANDO, FL. 32822
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DORIS LOPEZ
3.3 STREET ADDRESS	7479 MARSEILLE CIRCLE
3.4 CITY-ST-ZIP	ORLANDO, FL. 32822
4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VILMA IRIZARRY
4.3 STREET ADDRESS	7435 MARSEILLE CIRCLE
4.4 CITY-ST-ZIP	ORLANDO, FL. 32822
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TATA RAMOS
5.3 STREET ADDRESS	7440 MARSEILLE CIRCLE
5.4 CITY-ST-ZIP	ORLANDO, FL. 32822
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TERRY LEE
6.3 STREET ADDRESS	7333 MARSEILLE CIRCLE
6.4 CITY-ST-ZIP	ORLANDO, FL. 32822

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)(k), 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: *Rosemary Thomas* Rosemary Thomas April 24, 1996
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)