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Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 495 SONILAND AVE, LONGWOOD FL 32750, US
Mailing Address: PO BOX 915408, LONGWOOD FL 32791-5408, US

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 7443 Marseille Cir, Orlando FL 32822, USA
2a. Mailing Address: 7443 marseille Cir, Orlando FL, USA

4. FEI Number: 59-3188356
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: WITHERELL, GRACE S., 495 SUNILAND AVE, LONGWOOD FL 32750

10. Name and Address of New Registered Agent: 81 Name: Rosemary Thomas, 82 Street Address: 7443 marseille Circle, 84 City: Orlando, FL, 85 Zip Code: 32822

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: *Greg Thomas (President)* 1/29/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSEMARY THOMAS	
STREET ADDRESS	7443 MARSEILLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SUE PINZAC	
STREET ADDRESS	7439 MARSEUKKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DORIS LOPEZ	
STREET ADDRESS	7479 MARSEILLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VILMA IRAZARRY	
STREET ADDRESS	7435 MARSEILLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TATA RAMOS	
STREET ADDRESS	7440 MARSEILLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TERRY LEE	
STREET ADDRESS	7333 MARSEILLE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Felecia Melendez
4.3 STREET ADDRESS	7444 Marseille Cir.
4.4 CITY-ST-ZIP	Orlando FL 32822
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Greg Thomas* 1/29/97

CR2E037 (9/96)