


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90420 043 ****61.25

DOCUMENT # N93000001422

1. Entity Name
THE RIVIERA OF ORLANDO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 7451 MARSEILLE CR
 ORLANDO, FL 32822 US

Mailing Address
 P.O. BOX 721525
 ORLANDO, FL 32872-1525

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04162004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3188356 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEALY, LINDA
 7451 MARSEILLE CIR
 ORLANDO, FL 32822

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE RD	NAME HEALY, LINDA	<input checked="" type="checkbox"/> Delete	TITLE President	NAME Christopher Gillespie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7361 MARSEILLE CIRCLE	CITY-ST-ZIP ORLANDO, FL 32822		STREET ADDRESS 7451 Marseille Cr.	CITY-ST-ZIP Orlando, FL 32822	
TITLE V	NAME RAMOS, VALENTIO D	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7440 MARSEILLE CIRCLE	CITY-ST-ZIP ORLANDO, FL 32822		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME SITO, ELIZABETH	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7443 MARSEILLE CIR	CITY-ST-ZIP ORLANDO, FL 32822		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME SITO, MARK	<input checked="" type="checkbox"/> Delete	TITLE Secretary	NAME Vilma Frizarry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7443 MARSEILLE CIR	CITY-ST-ZIP ORLANDO, FL 32822		STREET ADDRESS 7435 Marseille Cr	CITY-ST-ZIP Orlando, FL 32822	
TITLE D	NAME HEALY, JOE	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME Donald McBryde	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7361 MARSEILLE CIR	CITY-ST-ZIP ORLANDO, FL 32822		STREET ADDRESS 7463 Marseille Cr.	CITY-ST-ZIP Orlando, FL 32822	
TITLE D	NAME RAMOS, TATA	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7440 MARSEILLE CIR	CITY-ST-ZIP ORLANDO, FL 32822		STREET ADDRESS	CITY-ST-ZIP	

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: Elizabeth SITO, Elizabeth SITO **Treasurer** 429-04 407-656-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #