


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90016 026 \*\*\*\*61.25

<b>DOCUMENT # N93000001422</b> 1. Entity Name <b>THE RIVIERA OF ORLANDO HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>7451 MARSEILLE CR ORLANDO, FL 32822 US</b>			Mailing Address <b>P.O. BOX 721525 ORLANDO, FL 32872-1525</b>		
2. Principal Place of Business <b>7412 Marseille Cr.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b> Zip <b>32822</b>		City & State Zip		Country <b>USA</b>	
4. FEI Number <b>59-3188356</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HEALY, LINDA 7451 MARSEILLE CIR ORLANDO, FL 32822</b>			7. Name and Address of New Registered Agent Name <b>Omer Garcia</b> Street Address (P.O. Box Number is Not Acceptable) <b>7412 Marseille Cr.</b> City <b>Orlando</b>		
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.			Zip Code <b>32822</b>		
SIGNATURE <b>Omer Garcia - President</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>8-29-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GILLESPIE, CHRISTOPHER</b> <input checked="" type="checkbox"/> Delete <b>7451 MARSEILLE CR.</b> <b>ORLANDO, FL 32822</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>RAMOS, VALENTIO D</b> <input checked="" type="checkbox"/> Delete <b>7440 MARSEILLE CIRCLE</b> <b>ORLANDO, FL 32822</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>SITO, ELIZABETH</b> <input type="checkbox"/> Delete <b>7443 MARSEILLE CIR</b> <b>ORLANDO, FL 32822</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>IRIZARRY, VILMA</b> <input type="checkbox"/> Delete <b>7435 MARSEILLE CR.</b> <b>ORLANDO, FL 32822</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MCBRYDE, DONALD</b> <input type="checkbox"/> Delete <b>7463 MARSEILLE CR.</b> <b>ORLANDO, FL 32822</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RAMOS, TATA</b> <input checked="" type="checkbox"/> Delete <b>7440 MARSEILLE CIR</b> <b>ORLANDO, FL 32822</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Omer Garcia</b> <b>7412 Marseille Cr.</b> <b>Orlando, FL 32822</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Higinia Soto</b> <b>7440 Marseille Cr.</b> <b>Orlando, FL 32822</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <b>Elizabeth Soto</b> <b>Elizabeth Soto - Treasurer</b> <b>8-29-05</b> <b>407-277-9272</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <b>8-29-05</b> <small>Daytime Phone #</small>					

JU004776



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