2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001422

FILED Apr 07, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 7403 MARSALL CIR 7403 MARSEILLE CIRCLE ORLANDO, FL 32822 US ORLANDO, FL 32822 **Current Mailing Address: New Mailing Address:** P.O. BOX 721525 ORLANDO, FL 328721525 FEI Number: 59-3188356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALENTIN, JUAN 7403 MARSEILLE CIR. ORLANDO, FL 32822 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VALENTIN, JUAN Name: Name: 7403 MARSEILLE CIR Address: Address: ORLANDO, FL 32822 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: GARCIA, OMAR Name: Address: 7412 MARSEILLE CR Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: (X) Change () Addition MONSO-DIAZ, ISABEL Name: DIAZ, ISABEL Name: 7416 MARSALLE CIR Address: Address: 7416 MARSEILLE CIR City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: () Change () Addition Name: GARCIA, BELINDA Name: 7365 MARSEILLE CR. Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition DIAZ, ENRIQUE Name: Name: 7416 MARSEILLE CR. Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: (X) Change () Addition RAMOS, TATA RAMOS, TARA Name: Name: Address: 7440 MARSALLE CIR Address: 7440 MARSEILLE CIR ORLANDO, FL 32822 ORLANDO, FL 32822 City-St-Zip: 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: ISABEL DIAZ T 04/07/2009