


FILED
Jan 31, 2007 08:00 AM
Secretary of State

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N95000004254 1. Entity Name RIVIERA ISLES HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 635 RIVIERA ISLE DRIVE FT. LAUDERDALE, FL 33301	Mailing Address 635 RIVIERA ISLE DRIVE FT. LAUDERDALE, FL 33301
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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2708290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCGUIRE, RON
635 RIVIERA ISLE DRIVE
FT. LAUDERDALE, FL 33301**

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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 relistating)

Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	MCGUIRE, RON
STREET ADDRESS	635 RIVIERA ISLE DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	PD
NAME	BEERY, MARK
STREET ADDRESS	800 SOLAR ISLE DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 333301
TITLE	SD
NAME	FIRTH, TRISHIA
STREET ADDRESS	627 SOLAR ISLE DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-80022-017 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ron McGuire* **RON MCGUIRE** 1/27/07 954-769-0675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #