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NONPROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90217 011 ****61.25

DOCUMENT # 701785

1. Corporation Name
RIVIERA BAY CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9795 1ST N.E. ST. PETERSBURG FL 33702 US	9795 1ST ST NE ST. PETERSBURG FL 33702 US

2. Principal Place of Business
21: 9795 1st ST NE
22: Suite, Apt. #, etc.
23: City & State: St. Petersburg FL
24: Zip: 33702 25: Country: USA

2a. Mailing Address
26: 9795 1st ST NE
27: Suite, Apt. #, etc.
28: City & State: St. Petersburg FL
29: Zip: 33702 30: Country: USA

3. Date Incorporated or Qualifed: 12/10/1960

4. FEI Number: 59-2742119 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NEWCOMB, MADELINE
9795 1 ST. N.E.
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: M Newcomb — 4/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEWCOMB, MADELINE 9795 1ST N.E. ST. PETERSBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RABUN, SCOTT 101 87TH ST NE ST PETE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition NORMAN MUELLER 8400 BAY ST. ST. PETERSBURG, FL 33702
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LORENT, AMY 101 ,87TH ST NE ST PETE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition MARGIE QUINN 9001 3RDS ST. NE ST. PETERSBURG, FL 33702
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEISENBURG, MARC 100 98TH AVE. N. ST. PETERSBURG FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition DONNA HOOVER 163 87TH AVE N ST. PETERSBURG, FL 33702
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, PAULINE 335 89TH AVENUE N ST. PETERSBURG FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWCOMB, RICHARD 9795 1ST ST NE ST PETE FL	☒ DELETE GV	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: M Newcomb PRESIDENT 4/3/00 (727) 577-9271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #