

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90240 007 ****61.25

DOCUMENT # N00000000166

1. Entity Name
HOMES OF RIVIERA DUNES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**4301 32ND STREET W
 SUITE A 20
 BRADENTON, FL 34205 US**

Mailing Address
**4301 32ND STREET W
 SUITE A 20
 BRADENTON, FL 34205 US**

40065594

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1065697

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CTS CONDOMINIUM MANAGEMENT
 4301 32ND STREET WEST
 SUITE A 20
 BRADENTON, FL 34205**

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, 2007

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	
TITLE PD NAME LINDALEE, ANDERSON STREET ADDRESS 310 10TH AVE E CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete
TITLE VPD NAME GAULIEN, COBY STREET ADDRESS 610 RIVIERA DUNES WAY, #503 CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete
TITLE SD NAME CASTELLI, CHARLES STREET ADDRESS 203 12TH AVE E CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete
TITLE TD NAME GILLIS, PATRICIA STREET ADDRESS 908 RIVIERA DUNES WAY CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE D NAME ROMAK, MARY BETH STREET ADDRESS 208 12TH AVENUE EAST CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME Schneider, BARRY STREET ADDRESS 805 RIVIERA DUNES WAY CITY-ST-ZIP Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME Anderson, Robert STREET ADDRESS 310 10th Ave East CITY-ST-ZIP Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME Stripe, Amy STREET ADDRESS 308 9th Ave East CITY-ST-ZIP Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Wilson, Robert STREET ADDRESS 1316 2nd St Cir East CITY-ST-ZIP Palmetto FL 34221	<input type="checkbox"/> Change <input checked="" 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 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: *Patricia A. Gillis* **4/10/07** **941-722-2316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #