

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000166

FILED  
Apr 08, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-1065697      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C&S CONDOMINIUM MANAGEMENT  
4301 32ND STREET WEST  
SUITE A 20  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: WILSON, ROBERT  
Address: 1316 3RD ST CIRCLE EAST  
City-St-Zip: PALMETTO, FL 34221

Title: S  
Name: VASALLO, JOHN  
Address: 306 8TH AVE E  
City-St-Zip: PALMETTO, FL 34221

Title: T  
Name: BUNDY, DENNIS  
Address: 1110 3RD ST EAST  
City-St-Zip: PALMETTO, FL 34221

Title: D  
Name: JENNINGS, BARBARA  
Address: 1007 RIVIERA DUNES WAY  
City-St-Zip: PALMETTO, FL 34221

Title: VP  
Name: JOHNSON, KELLEY  
Address: 1180 8TH AVE W #404  
City-St-Zip: PALMETTO, FL 34221

I hereby 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 all other like empowered.

SIGNATURE: ROBERT WILSON

P

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date