

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701785

**Entity Name:** RIVIERA BAY CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

163 87TH AVE. N.  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

163 87TH AVE. N.  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 59-2742119

**Certificate of Status Desired:** No

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

HOOVER, DONNA  
163 87TH AVE NORTH  
ST. PETERSBURG, FL 33702 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICH, PERFIDIO  
Address        134 87TH AVENUE NORTH  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            SECRETARY  
Name            INTRAVICHIT, LORI  
Address        336 89TH AVENUE N  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            CHAIRMAN  
Name            SINGH            , SEAN  
Address        134 80TH AVENUE NE  
City-State-Zip: ST PETERSBURG FL 33702

Title            TREASURER  
Name            HOOVER, DONNA  
Address        163 87TH AVE. N.  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            DIRECTOR  
Name            TONI, MICHALOVE  
Address        222 87TH AVENUE NE  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            DIRECTOR  
Name            SMITH, ANDREW  
Address        9645 2ND STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            DIRECTOR  
Name            ROSS, BRENTON  
Address        176 98TH AVENUE N  
City-State-Zip: ST PETERSBURG FL 33702

Title            DIRECTOR  
Name            HOOVER, DAVID  
Address        163 87TH AVENUE N  
City-State-Zip: ST PETERSBURG FL 33702

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*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: DONNA HOOVER**

**TREASURER**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BESS, BRAD  
Address 120 97TH AVENUE NE  
City-State-Zip: ST PETERSBURG FL

Title DIRECTOR  
Name KANDZ, DAVID  
Address 9685 2ND STREET N  
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR  
Name HANNAN, SHAWN  
Address 121 89TH AVENUE N  
City-State-Zip: ST PETERSBURG FL 33702