

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701785

**FILED**  
**Apr 11, 2014**  
**Secretary of State**  
**CC0289518337**

**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 P  
Name HOOVER, DAVID  
Address 163 87TH AVE. N.  
City-State-Zip: SAINT PETERSBURG FL 33702

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

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

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

Title D  
Name HEALY, JENNY  
Address 168 94 AVE NE  
City-State-Zip: SAINT PETERSBURG FL 33702

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

*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**

**04/11/2014**

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

\_\_\_\_\_  
Date