

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713548

Entity Name: RIVIERA COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**520 RIVIERA BOULEVARD EAST
NAPLES, FL 34112**Current Mailing Address:**C/O SANDCASTLE COMMUNITY MANAGEMENT
5495 BRYSON DRIVE SUITE 412
NAPLES, FL 34109 US**FEI Number:** 23-7294224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
4001 TAMIAMI TRAIL NORTH, SUITE 410
NAPLES, FL 34103 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	DIRECTOR
Name	VAN DYKE , JOANNE
Address	5495 BRYSON DRIVE SUITE 412
City-State-Zip:	NAPLES FL 34109

Title	DIRECTOR
Name	TUCK, SHIRLIE
Address	5495 BRYSON DRIVE SUITE 412
City-State-Zip:	NAPLES FL 34109

Title	TREASURER
Name	BURNARD, SUE
Address	5495 BRYSON DRIVE SUITE 412
City-State-Zip:	NAPLES FL 34109

Title	SECRETARY
Name	WILKINS, JEANETTE
Address	5495 BRYSON DRIVE SUITE 412
City-State-Zip:	NAPLES FL 34109

Title	VP
Name	PALASAK, ROBERT
Address	5495 BRYSON DRIVE SUITE 412
City-State-Zip:	NAPLES FL 34109

Title	PRESIDENT
Name	ISSLER, LEN
Address	5495 BRYSON DRIVE SUITE 412
City-State-Zip:	NAPLES FL 34109

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: SUE BURNARD**TREASURER****01/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date