## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701785** 

FILED Feb 26, 2008 Secretary of State

Entity Name: RIVIERA BAY CIVIC ASSOCIATION, INC.

	Current Principal Place of Business:				New Principal Place of Business:		
163 87TH ST. PETE	AVE. N. RSBURG, FL	33702	US				
Current Mailing Address:				New Maili	New Mailing Address:		
163 87TH ST. PETE	AVE. N. RSBURG, FL	33702	US				
FEI Number	: 59-2742119	FEI Nu	mber Applied For()	FEI Number Not App	icable ( ) Certificate of S	Status Desired (X)	
Name and	d Address of (	Surrent F	Registered Agent:	Name and	Address of New Registere	ed Agent:	
	, DONNA AVE NORTH RSBURG, FL	33702	US				
	e named entity e of Florida.	submits t	this statement for the p	urpose of changing i	ts registered office or registe	ered agent, or both,	
SIGNATU							
	Electro	าic Signa	ture of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES TO OFFICER	S AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( HOOVER, DAV 163 87TH AVE SAINT PETERS	. N.	. 33702	Title: Name: Address: City-St-Zip:	()Change ()Add	lition	
Title: Name: Address: City-St-Zip:	S ( SANDEFER, K 310 FREEPOR SAINT PETERS	RT AVENUE		Title: Name: Address: City-St-Zip:	()Change ()Add	lition	
Title: Name: Address:	D ( O'NEIL, ROY 208 SUNLIT CO SAINT PETERS			Title: Name: Address: City-St-Zip:	VP (X) Change () Add O'NEIL, ROY 208 SUNLIT COVE DR. N.E. SAINT PETERSBURG, FL 3370		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	O'NEIL, ROY 208 SUNLIT CO SAINT PETERS	OVE DR. N SBURG, FL ) Delete INA . N.	. 33702	Name: Address:	O'NEIL, ROY 208 SUNLIT COVE DR. N.E.	2	
Title: Name: Address: City-St-Zip: Title: Name: Address:	O'NEIL, ROY 208 SUNLIT CO SAINT PETERS  T ( HOOVER, DON 163 87TH AVE SAINT PETERS	OVE DR. N SBURG, FL ) Delete INA . N. SBURG, FL ) Delete	. 33702	Name: Address: City-St-Zip: Title: Name: Address:	O'NEIL, ROY 208 SUNLIT COVE DR. N.E. SAINT PETERSBURG, FL 3370	2 lition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONNA HOOVER T 02/26/2008