


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90181 050 ****61.25

DOCUMENT # 713548			
1. Entity Name RIVIERA COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 520 RIVIERA BOULEVARD EAST NAPLES, FL 34112 US		Mailing Address C/O INTEGRATED MGMT 3435 - 10TH ST. N., #201 NAPLES, FL 34103 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7294224		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. 3003 TAMiami TR. N., #210 NAPLES, FL 34103		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	DP
NAME	HOGUE, KENNETH W	NAME	Hoge, Ken
STREET ADDRESS	27 SAN REMO CIRCLE	STREET ADDRESS	27 San Remo Circle
CITY-ST-ZIP	NAPLES, FL	CITY-ST-ZIP	Naples, FL 34112
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	DVP
NAME	NEIFER, GERALD	NAME	DelPrete, John
STREET ADDRESS	3 ST. RAPHAEL DRIVE	STREET ADDRESS	4 Cannes Drive
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples, FL 34112
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD	TITLE	DS
NAME	BURNARD, SUE	NAME	Huppe, John Jr.
STREET ADDRESS	32 MONACO TERRACE	STREET ADDRESS	11 St. Raphael Drive
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples, FL 34112
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD	TITLE	DT
NAME	BEITLER, DAVID	NAME	Bumard, Sue
STREET ADDRESS	69 SAN REMO CIRCLE	STREET ADDRESS	32 Monaco Terrace
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples, FL 34112
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD	TITLE	D
NAME	DELPRETE, JOHN	NAME	Neifer, Gerald
STREET ADDRESS	4 CANNES DR	STREET ADDRESS	3 St Raphael Drive
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples, FL 34112
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD	TITLE	D
NAME	ARSENAULT, JO	NAME	Palasasak, Robert
STREET ADDRESS	545 MONTE CARLO LANE	STREET ADDRESS	511 Menton Lane
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples, FL 34112
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Kenneth W. Hoge</i> Kenneth W. Hoge, Resident		Date: <i>3/28/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	