

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717066

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE ROYALE RIVIERA ASSOCIATION, INC.

Current Principal Place of Business:

C/O VISTA PROPERTIES MGMT
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

C/O VISTA PROPERTIES MGMT
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-1317226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINOSA, ALYCE
935 E CAUSEWAY BLVD 303
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ANDERSON, BURTRAM
Address: 935 EAST CAUSEWAY BLVD #507
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: WITHROW, HELEN
Address: 435 CAUSEWAY BLVD. #407
City-St-Zip: VERO BEACH, FL 32963

Title: PD () Delete
Name: SPINOSA, ALYCE
Address: 935 E CAUSEWAY BLVD #303
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: KENWELL, DOUGLAS A
Address: 935 E CAUSEWAY E 307
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: WILLMOTT, JOHN
Address: 935 E CAUSEWAY BLVD #503
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KENWELL, DOUGLAS A
Address: 935 E CAUSEWAY E #307
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Change () Addition
Name: JACKSON, TOM
Address: 935 E CAUSEWAY BLVD #505
City-St-Zip: VERO BEACH, FL 32963

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: GARY CROSBY

LCAM

04/14/2009

Electronic Signature of Signing Officer or Director

Date