

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725058 (2)
1. Corporation Name
RIVIERA VILLAGE PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
**56 N. MARLIN AVE.
KEY LARGO FL 33037
US** **56 N. MARLIN AVE.
KEY LARGO FL 33037
US**

3. Date incorporated or Qualified **12/19/1972** 3a. Date of Last Report **12/08/1995**
4. FEI Number **54-0725058** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**GARNER, COLLEN
56 N. MARLIN AVE.
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Colleen Garner, Colleen Garner* DATE *4-24-96*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating!)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYMAN, GEORGE	1.2 NAME	
STREET ADDRESS	88 TARPON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, PATRICK	2.2 NAME	
STREET ADDRESS	35 POMPANO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, COLLEEN	3.2 NAME	
STREET ADDRESS	56 N. MARLIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, SANDY	4.2 NAME	
STREET ADDRESS	38 POMPANO AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOW, DAVID	5.2 NAME	
STREET ADDRESS	32 POMPANO AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, KANDY	6.2 NAME	
STREET ADDRESS	35 POMPANO AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *George Nyman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)