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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33037-2915 US

3. Date Incorporated or Qualified 12/19/1972  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 29 Bonita Ave  
Suite, Apt. #, etc.  
22  
City & State 23 Key Largo, FL  
Zip 24 33037 Country 25  
2a. Mailing Address 26 P.O. Box 692  
Suite, Apt. #, etc.  
27  
City & State 28 Key Largo, FL  
Zip 29 33037 Country 30 USA

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

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 Robin Gillespie  
82 Street Address (P.O. Box Number is Not Acceptable) 46 Dolphin Rd  
83  
84 City Key Largo FL 85 Zip Code 33037

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: *Robin Gillespie* Treasurer 2/4/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	NYMAN, GEORGE	1.2 NAME	Valeria Moran
STREET ADDRESS	68 TARPON AVE.	1.3 STREET ADDRESS	29 Bonita Ave
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	V	2.1 TITLE	T
NAME	GODFREY, PATRICK	2.2 NAME	Robin Gillespie
STREET ADDRESS	35 POMPANO AVE.	2.3 STREET ADDRESS	46 Dolphin Rd
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	T	3.1 TITLE	S
NAME	GARNER, COLLEEN	3.2 NAME	Kandy Godfrey
STREET ADDRESS	56 N. MARLIN	3.3 STREET ADDRESS	35 Pompano Ave
CITY-ST-ZIP	KEY LARGO FL 33037	3.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	S	4.1 TITLE	D
NAME	HAYNES, SANDY	4.2 NAME	Tom Verdonik
STREET ADDRESS	38 POMPANO AVE.	4.3 STREET ADDRESS	28 Tarpon Ave.
CITY-ST-ZIP	KEY LARGO FL 33037	4.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	D	5.1 TITLE	D
NAME	GOW, DAVID	5.2 NAME	Dave Hutchison
STREET ADDRESS	32 POMPANO AVE.	5.3 STREET ADDRESS	31 Marlin Ave
CITY-ST-ZIP	KEY LARGO FL 33037	5.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	D	6.1 TITLE	D
NAME	GODFREY, KANDY	6.2 NAME	Bill Moran
STREET ADDRESS	35 POMPANO AVENUE	6.3 STREET ADDRESS	29 Bonita Ave
CITY-ST-ZIP	KEY LARGO FL 33037	6.4 CITY-ST-ZIP	Key Largo, FL 33037

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), 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: *Valeria Moran* Valeria Moran 3/16/97 305-451-0375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 002492

CR2E037 (9/96)