

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

0000883

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business 29 BONITA AVE. KEY LARGO FL 33037 US	Mailing Address P.O. BOX 692 KEY LARGO FL 33037 US
---	---

3. Date Incorporated or Qualified 12/19/1972	4. FEI Number 54-0725058	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a home owners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GILLESPIE, ROBIN
46 DOLPHIN RD.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MORAN, VALERIA	
STREET ADDRESS	29 BONITA AVE.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GILLESPIE, ROBIN	
STREET ADDRESS	46 DOLPHIN RD.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GODFREY, KANDY	
STREET ADDRESS	35 POMPANO AVE.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERDONIK, TOM	
STREET ADDRESS	28 TARPON AVE.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHISON, DAVE	
STREET ADDRESS	31 MARLIN AVE.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN, BILL	
STREET ADDRESS	29 BONITA AVE.	
CITY-ST-ZIP	KEY LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	Ronald Newman
2.4 CITY-ST-ZIP	37 Dolphin Road
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Julia Esman
3.4 CITY-ST-ZIP	37 Dolphin Road
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(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: Julia Esman Julia Esman 7/16/98 (305) 453-0924
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)