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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725058

1. Corporation Name
RIVIERA VILLAGE PROPERTY OWNERS ASSOCIATION, INC

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/19/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 54-0725058 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Colleen Garner
82 Street Address (P.O. Box Number is Not Acceptable): 56 N. Marlin Ave
83: Key Largo FL
84 City: 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: Colleen Garner 4-30-99
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	☐ DELETE	1.1 TITLE	TD	☐ Change ☐ Addition
NAME	MORAN, VALERIA		1.2 NAME	Garner, Colleen	
STREET ADDRESS	29 BONITA AVE.		1.3 STREET ADDRESS	56 N. Marlin	
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY-ST-ZIP	Key Largo FL 33037	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, RONALD		2.2 NAME		
STREET ADDRESS	37 DOLPHIN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, JULIA		3.2 NAME		
STREET ADDRESS	37 DOLPHIN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VERDONIK, TOM		4.2 NAME		
STREET ADDRESS	28 TARPON AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHISON, DAVE		5.2 NAME		
STREET ADDRESS	31 MARLIN AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORAN, BILL		6.2 NAME		
STREET ADDRESS	29 BONITA AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		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, with all other like empowered.

SIGNATURE: Colleen Garner REQUIRED 4-30-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)