

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725058

1. Entity Name

RIVIERA VILLAGE PROPERTY OWNERS ASSOCIATION, INC

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90101 025 ****61.25

Principal Place of Business

Mailing Address

29 BONITA AVE.
 KEY LARGO FL 33037
 US

P.O. BOX 692
 KEY LARGO FL 33037-0692
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-0725058

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARNER, COLLEEN
56 N MARLIN AVE
KEY LARGO FL 33037

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Handwritten signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORAN, VALERIA	
STREET ADDRESS	29 BONITA AVE.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWMAN, RONALD	
STREET ADDRESS	37 DOLPHIN RD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, JULIA	
STREET ADDRESS	37 DOLPHIN RD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERDONIK, TOM	
STREET ADDRESS	28 TARPON AVE.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input checked="" 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	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nothing, Rex	
STREET ADDRESS	37 Pompano	
CITY-ST-ZIP	Key Largo FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newman, Ronald	
STREET ADDRESS	37 Dolphin	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garner, Colleen	
STREET ADDRESS	56 n. Marlin	
CITY-ST-ZIP	Key Largo FL 33037	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garner, Dennis	
STREET ADDRESS	56 n. marlin	
CITY-ST-ZIP	Key Largo FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE:

Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1600 305-453-9695

Date

Daytime Phone #

CR2E037 (9/99)