

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90457 005 ****61.25

DOCUMENT # 725058

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-0725058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
ROTHING, REX
27 POMPANO
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NEWMAN, RONALD
37 DOLPHIN RD
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GARNER, COLLEEN
56 NORTH MARLIN AVE.
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GARNER, DENNIS
56 NORTH MARLIN ROAD
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
LOONEY, HIEDI
14 BONITA
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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 like empowered.

SIGNATURE:

Colleen Garner

4-28-04

305-453-9695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #