


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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
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04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-0725058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARNER, COLLEEN
 56 N MARLIN AVE
 KEY LARGO, FL 33037

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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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOW, DAVID 32 POMPANO AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARNER, COLLEEN 56 NORTH MARLIN AVE. KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARNER, DENNIS 56 NORTH MARLIN ROAD KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHMAN, TOM 50 N MARLIN AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/21/08-80100-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Colleen Garner 4-25-08 305-453-9695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #