


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 725058</b>	
1. Entity Name <b>RIVIERA VILLAGE PROPERTY OWNERS ASSOCIATION, INC</b>	

Principal Place of Business <b>29 BONITA AVE. KEY LARGO, FL 33037 US</b>	Mailing Address <b>P.O. BOX 692 KEY LARGO, FL 33037 US</b>
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04232008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>GARNER, COLLEEN 56 N MARLIN AVE KEY LARGO, FL 33037</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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.	
<b>SIGNATURE:</b> <u>Colleen Garner Colleen Garner</u>	<u>4-25-08</u> <u>305-453-9695</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>