

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725058

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: RIVIERA VILLAGE PROPERTY OWNERS ASSOCIATION, INC

**Current Principal Place of Business:**

29 BONITA AVE.  
KEY LARGO, FL 33037 US

**New Principal Place of Business:**

56 N. MARLIN AVE  
KEY LARGO, FL 33037 US

**Current Mailing Address:**

P.O. BOX 692  
KEY LARGO, FL 33037 US

**New Mailing Address:**

FEI Number: 54-0725058      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GOW, DAVID  
Address: 32 POMPANO AVE  
City-St-Zip: KEY LARGO, FL 33037

Title: TD ( ) Delete  
Name: GARNER, COLLEEN  
Address: 56 NORTH MARLIN AVE  
City-St-Zip: KEY LARGO, FL 33037

Title: PD ( ) Delete  
Name: GARNER, DENNIS  
Address: 56 NORTH MARLIN ROAD  
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete  
Name: LEHMAN, TOM  
Address: 50 N MARLIN AVE  
City-St-Zip: KEY LARGO, FL 33037

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Change (X) Addition  
Name: RIEDEL, DAVID  
Address: 28 POMPANO AVE  
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN GARNER

TD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date