


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90219 014 ****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

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

7. Name and Address of New Registered Agent

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

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	VP	<input type="checkbox"/> Delete
NAME	ROTHING, REX	
STREET ADDRESS	27 POMPANO	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, RONALD	
STREET ADDRESS	37 DOLPHIN RD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARNER, COLLEEN	
STREET ADDRESS	56 NORTH MARLIN AVE.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARNER, DENNIS	
STREET ADDRESS	56 NORTH MARLIN ROAD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, LORI	
STREET ADDRESS	12 BONITA AVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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	Looney, Heidi	
STREET ADDRESS	14 Bonita	
CITY-ST-ZIP	Key Largo FL 33037	<input checked="" type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *Colleen Garner* **4-30-03 305-433-9685**

CR2E037 (10/02)