


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 729483 (8) 1. Corporation Name RIVIERA 615 CONDOMINIUM, INC.					
Principal Place of Business 615 BAYSHORE DRIVE PENSACOLA FL 32507			Mailing Address 615 BAYSHORE DRIVE PENSACOLA FL 32507-3500		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/25/1974 3a. Date of Last Report 04/08/1996 4. FEI Number 59-1533743 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PETTY, DOUGLAS D. 615 BAYSHORE DR, #501 PENSACOLA FL 32507			10. Name and Address of New Registered Agent 81 Name Joan P. Hixon 82 Street Address (P.O. Box Number is Not Acceptable) 615 Bayshore Dr. #1006 83 Pensacola, FL 32507 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE <i>Joan P. Hixon</i> Joan P. Hixon, President 3/12/97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, DOUGLAS D.		1.2 NAME	Joan P. Hixon	
STREET ADDRESS	615 BAYSHORE DR, #501		1.3 STREET ADDRESS	615 Bayshore Dr. #1006	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIS, ANTHONY L. JR		2.2 NAME	Peter B. Booth	
STREET ADDRESS	615 BAYSHORE DR, #805		2.3 STREET ADDRESS	615 Bayshore Dr. #408	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETTY, DOUGLAS D.		3.2 NAME	James R. Redman	
STREET ADDRESS	615 BAYSHORE DR, #501		3.3 STREET ADDRESS	615 Bayshore Dr. #808	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIXON, JOAN P.		4.2 NAME	Angela Maria Rosasco	
STREET ADDRESS	615 BAYSHORE DR, #1006		4.3 STREET ADDRESS	615 Bayshore Dr. #906	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, CATHRYN H		5.2 NAME	A. L. Danis, Jr.	
STREET ADDRESS	615 BAYSHORE DR. #803		5.3 STREET ADDRESS	615 Bayshore Dr. #805	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	O. M. Wilson, Jr. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COKER, WILLIAM S.		6.2 NAME	615 Bayshore Dr. #706	
STREET ADDRESS	615 BAYSHORE DR, #401		6.3 STREET ADDRESS	Pensacola, FL 32507	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Joan P. Hixon</i> Joan P. Hixon, Pres. 3/12/97 (904) 469-5538 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0072951</small>					

CR2E037 (9/96)