## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748711** 

FILED Jan 07, 2008 Secretary of State

Entity Name: RIVIERA BAY SUBDIVISION HOMEOWNERS, ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 630 TALLAHASSEE DRIVE SAINT PETERSBURG, FL 33702 US **Current Mailing Address: New Mailing Address:** 630 TALLAHASSEE DRIVE SAINT PETERSBURG, FL 33702 US FEI Number: 59-1935227 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUJKA, CYNTHIA SOJKA, CYNTHIA 630 TALLAHASSEE DR NE 630 TALLAHASSEE DR NE ST PETERSBURG, FL 33702 US ST PETERSBURG, FL 33702 US 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: CYNTHIA SOJKA 01/07/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SILVEY, BRUCE Name: Name: 498 RIVIERA BAY DR Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: SOJKA, CYNTHIA Name: Address: 630 TALLAHASSEE DR NE Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: () Change () Addition STRICKLAND, LARRY Name: Name: TALLAHASSE DR NE Address: Address: City-St-Zip: SAINT PETE, FL 33702 City-St-Zip: ( ) Delete Title: Title: () Change () Addition BLACKWELL, LAURA Name: Name: Address: RIVIERA BAY DR NE Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip:

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: CYNTHIA SOJKA TREA 01/07/2008