FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000061 (3)**

1. Corporation Name
RIVIERA HOUSING CORP.

Principal Place of Business
C/O BOSTON CAPITAL PROPERTIES. INC.
313 CONGRESS STREET
BOSTON MA 02210

Mailing Address
C/O BOSTON CAPITAL PROPERTIES. INC.
313 CONGRESS STREET
BOSTON MA 02210

3. Date Incorporated or Qualified: **10/30/1992**
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business
21 One Boston Place
Suite, Apt. #, etc.
22 Suite 2100
City & State
23 Boston, MA
Zip 24 02108 Country 25 USA

2a. Mailing Address
26 One Boston Place
Suite, Apt. #, etc.
27 Suite 2100
City & State
28 Boston, MA
Zip 29 02108 Country 30 USA

4. FEI Number: **04-3169887** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	COLLINS, CHRISTOPHER W	1.2 NAME	
STREET ADDRESS	45 WEST STREET	1.3 STREET ADDRESS	72 Harbor ST.
CITY-ST-ZIP	BEVERLY FARMS MA	1.4 CITY-ST-ZIP	Manchester, MA
TITLE	C ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STONE, PATRICIA A	2.2 NAME	
STREET ADDRESS	10 EMERSON PLACE, #19-B	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NICKAS, ANTHONY A	3.2 NAME	
STREET ADDRESS	10 KENNELL HILL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY MA	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, JEFF N	4.2 NAME	
STREET ADDRESS	421 MARLBOROUGH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ 5/1/96 617-624-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #