## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

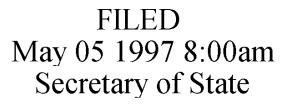
Sandra B. Mortham

Secretary of State:
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # F9200000061 (3)
1. Corporation Name

RIVIERA HOUSING CORP.



ONE BOSTON 2100		Mailing Address ONE BOSTON PLACE 2100	NE BOSTON PLACE						
US MA	02108	BOSTON MA 02108-4406 US				3. Date Incorporated or Qualified			
5 Discussion	Place of Business	De Mailing Address		<del>.</del>	· · · · · · · · · · · · · · · · · · ·	10/30/1992	05	<u> 101/1996</u>	
2. Principa:	made or business	2a. Mailing Address				4. FEI Number 04-3169887			Applied For Not Applicable
Suite, Ap	l, #, elc	Suite. Apt. #, etc.							Additional
22		27		: {	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		Fee F	Required
City & Sta	ale	City & State				6. Election Campaign Financing	<del></del> 1		О Мау Ве
<b>23</b> Zip	Country	Zip	Cor	intry		Trust Fund Contribution  8. This corporation has liability for	iotopolible	<del></del>	to Fees
24	25	29	30	,			Yes		8. 199.032,
	9. Name and Address of Currer			ľ		10. Name and Address of New R			
Ci	CORPORATION SYSTEM			81	Name				
1200 SOUTH PINE ISLAND ROAD				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
PLANTATION FL 33324							·,		
				83	İ				
				84	City		<b>—</b>	85 Zir	p Code
						poration submits this statement for the	FL		<del></del>
office or agent 1 SIGNATURE				i		tion's board of directors. I hereby acce	DATE	ooiniment a	is registered
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AN		
Hit	PD	☐ DELETE	111					Change	Addition
NAME	COLLINS, CHRISTOPHER W		1.2 N						
STREET ADDRESS					ADORESS				
E TY-ST-ZIF	MANCHESTER MA	DELETE		<del></del>	T-ZIP			Change	Addition
TITLE	C DATE DATE	☐ perrie	2.1 T		}			Cliange	. La Mannan
NAME	STONE, PATRICIA A		22 N						
STREET ADDRESS	10 CINESIAGII   C. 1001 2 10 0				ADDRESS				
Diff -S1-7/P	BOSTON MA	DELETE	3.1 7		ST-ZIP			Change	Addition
NAME	NICKAS, ANTHONY A		32 N						- 100 (101)
STREET ADDRESS					ADDRESS				
CITY-\$1-ZIP	BEVERLY MA				ST-ZIP				
TITLE	V	DELETE	4.1 T			**************************************		Change	Addition
NAME	GOLDSTEIN, JEFF N		4.2	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CHY-SI-ZIP	BOSTON MA				1- ZIP				
TITLE		DELETE	5.1 7					Change	Addition
NAME	J		5.2 N	AME					
STREET ADDRESS	5		5.3 \$	TREET	ADDRESS				
CITY - ST- 70°			5.4 ¢	IIY-S	IT-ZIP				
FILE		DELETE	6.1				-40	Change	Addition
NAME			6.2 1	AME					
STREET ADDRESS	s (		6.3 \$	TAEET	ADDRESS				
CITY - ST-7IP	İ		6.4 C	ITY-S	T-ZIP				

4. 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 reflect as if made under oath; that I am en officer or director of the corpetiution or the receiver a 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 churt led, or or on a part of the corpetium.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/8/9

617-624-890