

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F92000600061**
1. Corporation Name: **RIVIERA HOUSING CORPORATION**

Principal Place of Business: One Boston Place Suite 2100 Boston, MA 02108 US	Mailing Address: One Boston Place Suite 2100 Boston, MA 02108 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	26. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 10/30/92	4. FET 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent

**CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0507 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: _____ (Signature of the person named in Block 9, or the person named in Block 10, if applicable) (Not a Registered Agent signature required when not stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	Christopher W. Collins	1.2 NAME	
STREET ADDRESS	72 Harbor Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Manchester, MA	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☐ Change ☐ Addition
NAME	Patricia Stone	2.2 NAME	
STREET ADDRESS	10 Emerson Place	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boston, MA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	Anthony A. Nickas	3.2 NAME	
STREET ADDRESS	20 Old Platers Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Beverly, MA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	Jeff N. Goldstein	4.2 NAME	
STREET ADDRESS	421 Marlborough St., Boston	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 officer, secretary or trustee empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or if a new addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300002521153
-05/13/98--01003--027
***150.00

4/7/98

CR2E034 (10/97)