


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000000166 1. Entity Name HOMES OF RIVIERA DUNES HOMEOWNERS' ASSOCIATION, INC.	
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FILED
05 JUN 20 AM 10:47

TALLAHASSEE, FLORIDA



Principal Place of Business 310 HABENELVD PALMETTO, FL 34221	Mailing Address 310 HABENELVD PALMETTO, FL 34221
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05192005 Chg-NP CR2E037 (10/03)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-1065697	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOBECK ESQ, DANIEL LOBECK HANSON & WELLS 2033 MAIN ST STE 403 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

100056527471
06/27/05--01008--004 **\$1.25

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COBELO, VINCE			NAME	ANDERSON, LINDALEE		
STREET ADDRESS	1107 3RD ST E			STREET ADDRESS	310 10TH AVE E		
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, JIM			NAME	GAULIEN, COBY		
STREET ADDRESS	302 9TH AVE E			STREET ADDRESS	610 RIVIERA DUNES WAY, #503		
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE	SD	<input type="checkbox"/> Delete	→	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTELLI, CHARLES			NAME	CASTELLI, CHARLES		
STREET ADDRESS	203 12TH AVE E			STREET ADDRESS	203 12TH AVE E		
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAK, MARY BETH			NAME	ROMAK, THOMAS		
STREET ADDRESS	208 12TH AVE E			STREET ADDRESS	208 12TH AVE E		
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	TULLOS, COSPER		
STREET ADDRESS				STREET ADDRESS	305 11TH AVE E		
CITY-ST-ZIP				CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Charles Castelli CHARLES T CASTELLI JUNE 15, 2005 941-723-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #