

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N00000004378

1. Entity Name  
RIVIERA BEACH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
9526 MONACO CIRCLE  
NAVARRE, FL 32566

Mailing Address  
9526 MONACO CIRCLE  
NAVARRE, FL 32566

**FILED**

06 JUN 27 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06272006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DANIELLE, GANDY  
9526 MONACO CIRCLE  
NAVARRE, FL 32566

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
RUSSELL, GANDY E  
9526 MONACO CIRCLE  
NAVARRE, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
VIETH, CHARLES  
2048 RIVIERA LANE S  
NAVARRE, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROBERT, GARY  
9538 MONACO CIR  
NAVARRE, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
RAY, CANCEL  
9533 MONTE CARLO CIR  
NAVARRE, FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

800077081028  
07/06/06--01041--022 \*\*61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/06

Date

Daytime Phone #