


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000004378	
1. Entity Name RIVIERA BEACH HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 2048 RIVIERA LANE SOUTH NAVARRE, FL 32566	Mailing Address 2048 RIVIERA LANE SOUTH NAVARRE, FL 32566
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03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VIETH, SHERRY N 2048 RIVIERA LANE SOUTH NAVARRE, FL 32566

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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.
SIGNATURE: <i>Sherry N. Vieth</i> SHERRY N. VIETH <i>3-4-08</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000851868 03/25/08-80048-017 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOW, ROB 9533 RAINIER CIRCLE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIETH, CHARLES 2048 RIVIERA LANE SOUTH 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 BLEVINS, STEVE 9539 RAINIER CIRCLE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, GIESLER 2054 RIVIERA LANE SOUTH NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Charles E. Vieth</i> CHARLES E. VIETH <i>7 MARCH 2008</i> <i>850-939-1089</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<small>Date Daytime Phone #</small>