

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90010 021 ****70.00

DOCUMENT # N01000000727

1. Entity Name

RIVIERA COLONY HOMEOWNERS' ASSOCIATION,

DO NOT WRITE IN THIS SPACE

818880

2. Principal Place of Business
27515 TIERRA DEL SOL PO BOX 2262
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 2262
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BONITA SPRINGS, FL
Zip
34135
Country
USA

City & State
BONITA SPRINGS, FL
Zip
34133
Country
USA

4. FEI Number
74-2991026
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CARL ROTHROCK
Street Address (P.O. Box Number is Not Acceptable)

27515 TIERRA DEL SOL
City
BONITA SPRINGS FL Zip Code
34135

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.

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CARL ROTHROCK
27515 TIERRA DEL SOL
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ROBIN DYSARD
3655 RIVIERA CIRCLE
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/VP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RADHA SRINIVASAN
7050 MONTVIEW #172
DENVER, CO 80220

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/S/T

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

RADHA SRINIVASAN SECRETARY
Radha Srinivasan Secretary 2/10/02 (941) 390-1551