

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006976

FILED
Apr 20, 2011
Secretary of State

Entity Name: RIVIERA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

918 ALFONSO AVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

P.O BOX 430825
SOUTH MIAMI, FL 332430825

New Mailing Address:

FEI Number: 65-1148228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS, W. TUCKER
3835 UTOPIA COURT
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

BARNETT, ROBERT
1140 S ALHAMBRA CIR
CORAL GABLES, FL 33146 US

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: ROBERT BARNETT

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RAMIREZ, JOSEPHINE
Address: 1200 SOUTH ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD
Name: LEVINSON, THOMAS
Address: 918 ALFONSO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: SD
Name: LEVINSON, SANDRA
Address: 918 ALFONSO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: TD
Name: LEVINSON, THOMAS
Address: 918 ALFONSO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: BARNETT, ROBERT
Address: 1140 SOUTH ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: ACOSTA, AMADO
Address: 1225 SOUTH ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS LEVINSON

VPD

04/20/2011

Electronic Signature of Signing Officer or Director

Date