2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006976

FILED Apr 24, 2012 Secretary of State

Entity Name: RIVIERA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

918 ALFONSO AVE CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

P.O BOX 430825 SOUTH MIAMI, FL 332430825

FEI Number: 65-1148228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: DE TOURNEY, LISA
Address: 6904 CABALLERO AV
City-St-Zip: CORAL GABLES, FL 33146

Title: TD

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:

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

Title:

Name: RAMIREZ, JOSEFINA

Address: 1200 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 TD 04/24/2012