

N040000007377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

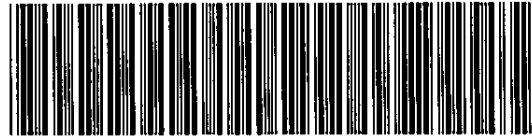
(Business Entity Name)

(Document Number)

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Change

FILED  
2014 SEP 15 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
9/16/14

\*00789, 04085, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 SEP 15 AM 10:57

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 22, 2014

Susan Matthews  
Watson Realty Corporation Association  
1410 Palm Coast Parkway NW  
Palm Coast, FL 32137

SUBJECT: RIVIERA ESTATES PROPERTY OWNERS ASSOCIATION, INC.  
Ref. Number: N04000007377

We have received your document for RIVIERA ESTATES PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Alien Business Organization, but your entity is a Florida Non Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 914A00018150

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Riviera Estates Property Owners Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** NO 4000007377

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc Bellapianta

Name of Contact Person

Watson Realty Corporation

Firm/Company

1410 Palm Coast Parkway, NW

Address

Palm Coast, FL 32137

City/State and Zip Code

MBELLAPIANTA@WATSONREALTYCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Matthews

Name of Contact Person

at ( 386 ) 246-9270

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RIVIERA Estates Property Owners Association, Inc
2. The principal office address: RIVIERA Estates Court  
PAUM COAST, FL 32164
3. The mailing address (if different): PO BOX 350517  
PAUM COAST FL 32135
4. Date of incorporation/qualification: 07/27/2004 Document number: N0400007877
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Hagler Palm Coast Property Management, Inc  
50 Leanni Way, Suite B6  
Palm Coast, FL 32137

6. The name and street address of the new registered agent (if changed) and /or registered (if changed):

Watson Realty Corporation  
1410 Palm Coast Parkway, NW  
Palm Coast, FL 32137

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Audrey A. Balkunas  
Signature of an officer or director

Audrey A. Balkunas  
Printed or typed name and title  
President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

MARC BELLAPIANTA  
Signature of Registered Agent

9/2/14

Date

If signing on behalf of an entity:

MARC BELLAPIANTA

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314