NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2006 8:00 am
Secretary of State
07-24-2006 90008 002 ****61.25

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1. Entity Name: RIVERVIEW TERRACE NON-Profit Home Owners Corporation

66022741

CR2E037B (8/05)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
608 N.E 2ND. AVE	Deerfield Fl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Fl.	City & State: Fl.
Zip: 33441 Country: Brownd	Zip: 33441 Country: BrowArd

4. FEI Number: 13-4317505 ☐ 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: Alphonso Nero

Street Address (P.O. Box Number is Not Acceptable): 608 N.E. 2ND. AVE.

City: Deerfield FL Zip Code: 33441

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: Alphonso Nero Alphonso Nero 7/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT:	TITLE:
NAME: ALPHONSO NERO	NAME:
STREET ADDRESS: 608 N.E. 2ND. AVE.	STREET ADDRESS:
CITY-ST-ZIP: DEERFIELD BCH. FL. 33441	CITY-ST-ZIP:
TITLE: VICE PRESIDENT:	TITLE:
NAME: WILLIE M. DUNLAP	NAME:
STREET ADDRESS: 606 N.E. 2ND TERRACE	STREET ADDRESS:
CITY-ST-ZIP: DEERFIELD BCH. FL. 33441	CITY-ST-ZIP:
TITLE: TREASURE:	TITLE:
NAME: ANNIE NERO	NAME:
STREET ADDRESS: 608 N.E. 2ND. AVE.	STREET ADDRESS:
CITY-ST-ZIP: DEERFIELD FL. 33441	CITY-ST-ZIP:
TITLE: SECRETARY:	TITLE:
NAME: JOAN WALLACE	NAME:
STREET ADDRESS: 280 N.E. 6th ST.	STREET ADDRESS:
CITY-ST-ZIP: DEERFIELD FL. 33441	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

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.

SIGNATURE: Alphonso Nero 8/3/06 (954) 418-8796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #