2005 NOT-FOR-PROFIT CORPORATION

	ANNUAL R	REPORT (AR)		_					
DOCUMENT # N17696  1. Entity Name						FI	LED		
RIVIERA CIVIC ASSOCIATION, INC.					05 SEP 19 AM 11: 27				
Principal Place	e of Business	Mailing Address	•			utilikt i Å	16 (1)	TAIL	
P. O. BOX 936 BOCA RATON FL 33429		771 NE 6TH ST BOCA RATON FL 33432 US			JEURETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address			J 1807(181 ES)	rioli iu <b>uria a</b> iitiu tulit	n sifi aizii ginii n	PII BYBII BIBII B	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			2nd MC	OORE	CR2E03	(5/05)	
City & State		City & State			4. FEI Number 59-2798077 Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		<b>\$8.75</b> Ad Fee Requir	
	6. Name and Address of Curren	t Registered Agent	Name		7. Name and Add	ress of New R	Registered A	gent	
OLD	FIELD, PAMELA ANN		/ visimie						
771	NE 6TH ST		Street A	Street Address (P.O. Box Number is Not Acceptable)					
	CA RATON FL 33432								
		•	City		001 20. 00	, DIOIL	FL	Zip Co	
8. The above	named entity submits this statement	for the purpose of changing its re	gistered office or	register	ed agent, or both, in	the State of Flo	orida. I am	amiliar with	, and accept
the obligat	ions of registered agent.			4	•		_		
SIGNATURE Familia Clan Didgield PAMEIA ANN OLDFIELD 9-15-05 Signature, typed or printed name of registered agent and use it applicable (NOTE Registered Agent signature required when reinstaturg)  DATE									
SIGNATURE.	Signature, typed or printed name of registered age:	<del>-υ/ρω-υ-</del>		Desirupes esu	when reinstating)	<i>D</i>	DATE	<u> </u>	<u> </u>
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. ALLICAL PAMELA ANN ODFED 9-15-16 (1) 20 3174