

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N17696

FILED
Jan 27, 2007
Secretary of State

Entity Name: RIVIERA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 936
BOCA RATON, FL 33429

New Principal Place of Business:

Current Mailing Address:

771 NE 6TH ST
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 59-2798077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLDFIELD, PAMELA ANN
771 NE 6TH ST
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: PAMELA ANN OLDFIELD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SCHAUER, DANIEL
Address: 710 COQUINA WAY
City-St-Zip: BOCA RATON, FL 33432

Title: S () Delete
Name: PARKINSON, MARGIT
Address: 130 NE WAVE CREST WAY
City-St-Zip: BOCA RATON, FL 33432

Title: P () Delete
Name: OLDFIELD, PAMELA A
Address: 771 NE 6TH ST
City-St-Zip: BOCA RATON, FL 33432

Title: T () Delete
Name: MAJHESS, DORIS
Address: 460 NE OLIVE WAY
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HABER, MERLE
Address: 730 COQUINA CT
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: PURIFICATO, ALISON
Address: 899 NE COQUINA CT
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SCHAUER, DANIEL
Address: 710 COQUINA WAY
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA ANN OLDFIELD

P

01/27/2007

Electronic Signature of Signing Officer or Director

Date