

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90535 022 ****61.25

DOCUMENT # N33220

1. Entity Name
RIVIERA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
8056 OLD C.R. 54
NEW PORT RICHEY, FL 34653 US

Mailing Address
8056 OLD C.R. 54
NEW PORT RICHEY, FL 34653 US

00046279



2. Principal Place of Business

3. Mailing Address

01062005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2961492

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHNSON, KIM~~
~~8056 OLD C.R. 54~~
~~NEW PORT RICHEY, FL 34652~~

Name **Community Management Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MITCHELL, SANDY**
STREET ADDRESS **5957 RIVIERA LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Sandy Mitchell**

TITLE **SD** ☒ Delete
NAME **JAMESON, BRYAN**
STREET ADDRESS **6152 CLAIRE DELUNE CT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D** ☐ Change ☒ Addition
NAME **Bill Davis**
STREET ADDRESS **3697 Chatham Drive**
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE **TD** ☐ Delete
NAME **GONZALEZ, PAUL**
STREET ADDRESS **5962 RIVIERA LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **SD** ☒ Change ☐ Addition
NAME **Paul Gonzalez**

TITLE **VD** ☐ Delete
NAME **HERSHKOWITZ, JOEL**
STREET ADDRESS **5940 CACHETTE DE RIVIERE CT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **PD** ☒ Change ☐ Addition
NAME **Joel Hershkowitz**

TITLE **D** ☐ Delete
NAME **SCANNAVINO, DOMINICK**
STREET ADDRESS **6040 RIVIERA LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **TD** ☒ Change ☐ Addition
NAME **Dominick Scannavino**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #