


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90023 009 \*\*\*\*61.25

<b>DOCUMENT # N33220</b> 1. Entity Name <b>RIVIERA HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>5609 US 19</b> <b>STE E</b> <b>NEW PORT RICHEY, FL 34652 US</b>		Mailing Address <b>5609 US 19</b> <b>STE E</b> <b>NEW PORT RICHEY, FL 34652 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5609 US 19</b> Suite, Apt. #, etc. <b>Suite E</b>		3. Mailing Address <b>5609 US 19</b> Suite, Apt. #, etc. <b>Suite E</b>	
City & State <b>New Port Richey</b>		City & State <b>New Port Richey</b>	
Zip <b>34652</b>	Country <b>USA</b>	Zip <b>34652</b>	Country <b>USA</b>
4. FEI Number <b>59-2961492</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COMMUNITY MANAGEMENT SERVICES, INC</b> <b>5609 US 19</b> <b>NEW PORT RICHEY, FL 34652</b>		7. Name and Address of New Registered Agent Name <b>Community Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>5609 US 19 Suite E</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Agent _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VEVAR, KEVIN 6143 RIVIERA LN NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERGADAMO, TERRY 8021 RIVIERA LN NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSHKOWITZ, JOEL 5940 CACHETTE DE RIVIERE CT NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCANNAVINO, DOMINICK 6040 RIVIERA LANE NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bill Davis 6040 Riviera Ln. New Port Richey, FL 34655	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	