

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90082 045 \*\*\*\*61.25

<b>DOCUMENT # N36529</b> 1. Entity Name <b>RIVIERA MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>517 RIVIERA ST. UNIT A VENICE, FL 34285 US</b>			Mailing Address <b>749 EAGLE POINT DR VENICE, FL 34292</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0186617</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MACRIS, STEVE W 609 SOUTH TAMIAMI TRAIL VENICE FL, FL 34285</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD NUZUM, ROBERT A 749 EAGLE PT DR VENICE, FL 34292</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- <u>ZIP</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>34285</b></div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD NUZUM, JANE J 749 EAGLE PT DR VENICE, FL 34292</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- <u>ZIP</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>34285</b></div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NUZUM, ROBERT A 749 EAGLE POINT DR. VENICE, FL 34292</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- <u>ZIP</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>34285</b></div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD NUZUM, JANE N 749 EAGLE POINT DR. VENICE, FL <u>34292</u></b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right;"><b>34285</b></div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Jane J Nuzum</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>1-26-04</b></span> <span><b>941-4843891</b></span> </div> <small>Date Daytime Phone #</small>		