


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90034 030 ****61.25

DOCUMENT # N36529	
1. Entity Name RIVIERA MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 517 RIVIERA ST. UNIT A VENICE, FL 34285 US	Mailing Address 749 Eagle Point Dr VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0186617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NUZUM, ROBERT A 749 EAGLE POINT DR VENICE FL, FL 34285	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NUZUM, ROBERT A 749 EAGLE PT DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUZUM, JANE J 749 EAGLE PT DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUZUM, ROBERT A 749 EAGLE POINT DR. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NUZUM, JANE J 749 EAGLE POINT DR. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jane J. Nuzum Jane J. Nuzum 1-30-08 941 484 3891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #