

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36529

FILED
Apr 01, 2009
Secretary of State

Entity Name: RIVIERA MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

517 RIVIERA ST.
UNIT A
VENICE, FL 34285 US

New Principal Place of Business:

517 RIVIERA ST.
VENICE, FL 34285 US

Current Mailing Address:

749 EAGLE POINT DR
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-0186617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUZUM, ROBERT A
749 EAGLE POINT DR
VENICE FL, FL 34285 US

Name and Address of New Registered Agent:

NUZUM, ROBERT A
749 EAGLE POINT DR
VENICE, FL 34285 US

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:

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NUZUM, ROBERT A
Address: 749 EAGLE PT DR
City-St-Zip: VENICE, FL 34285 US

Title: VD () Delete
Name: NUZUM, JANE J
Address: 749 EAGLE PT DR
City-St-Zip: VENICE, FL 34285 US

Title: PD () Delete
Name: NUZUM, ROBERT A
Address: 749 EAGLE POINT DR.
City-St-Zip: VENICE, FL 34285

Title: TD () Delete
Name: NUZUM, JANE J
Address: 749 EAGLE POINT DR.
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
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 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: ROBERT NUZUM

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date