

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005258

FILED
Apr 12, 2009
Secretary of State

Entity Name: RIVIERA AT BONAVENTURE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8360 W OAKLAND PARK BLVD.
STE. 301
SUNRISE, FL 33351 US

New Principal Place of Business:

1133 S. UNIVERSITY DR.
STE. 211
PLANTATION, FL 33324 US

Current Mailing Address:

C/O ALLIANCE PROPERTY SYSTEMSZ
P.O. BOX 452199
FORT LAUDERDALE, FL 333452199 US

New Mailing Address:

C/O ALLIANCE PROPERTY SYSTEMS
P.O BOX 19439
PLANTATION, FL 33318 US

FEI Number: 65-0740791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW, & LEVINE, P.A.
2700 S COMMERCE PKWY
SUITE 305B
WESTON, FL 33331 US

Name and Address of New Registered Agent:

BROUGH, CHADROW, & LEVINE, P.A.
1900 NORTH COMMERCE PKY
WESTON, FL 33326 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:

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: KESSLER, ANDREA
Address: 131 RIVIERA CIR.
City-St-Zip: WESTON, FL 33326

Title: DT () Delete
Name: GARDENER, DONNA
Address: 239 RIVERA CR
City-St-Zip: WESTON, FL 33326

Title: DP () Delete
Name: BALDINI, SHIRLEY
Address: 237 RIVIERA CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: KESSLER, ANDREA
Address: 131 RIVIERA CIR.
City-St-Zip: WESTON, FL 33326

Title: DS (X) Change () Addition
Name: ALEZONES, ROMMEL
Address: 213 RIVERA CR
City-St-Zip: WESTON, FL 33326

Title: DP (X) Change () Addition
Name: SILVA, MONICA
Address: 200 RIVIERA CIRCLE
City-St-Zip: WESTON, FL 33326

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: MONICA P. SILVA

DP

04/12/2009

Electronic Signature of Signing Officer or Director

Date