


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90011 014 ****70.00

DOCUMENT # N95000004254
1. Entity Name
RIVIERA ISLES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
635 RIVIERA ISLE DRIVE **635 RIVIERA ISLE DRIVE**
FT. LAUDERDALE FL 33301 **FT. LAUDERDALE FL 33301**

34010001



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

MOORE CR2E037 (11/03)
4. FEI Number **89-2708290**
~~NOT APPLICABLE~~ Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCGUIRE, RON
635 RIVIERA ISLE DRIVE
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGUIRE, RON	
STREET ADDRESS	635 RIVIERA ISLE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, SETH	
STREET ADDRESS	609 RIVIERA ISLE DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARCINKEVICH, JOHN	
STREET ADDRESS	653 RIVIERA ISLE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FIRTH, TRISHIA	
STREET ADDRESS	627 SOLAR ISLE DR.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOYNER, BILL	
STREET ADDRESS	646 FLAMINGO ISLE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID PEGGS	
STREET ADDRESS	636 SOLAR ISLE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL, 33301	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GIERTZ	
STREET ADDRESS	605 FLAMINGO ISLE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL, 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Ron McGuire* **RON MCGUIRE** 2/18/04 954-768-0675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #