


**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90037 006 \*\*\*\*70.00

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N95000004254</b>					
1. Entity Name RIVIERA ISLES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 635 RIVIERA ISLE DRIVE FT. LAUDERDALE, FL 33301			Mailing Address 635 RIVIERA ISLE DRIVE FT. LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box # <i>712 SOLAR ISLE DRIVE</i>			3. Mailing Address <i>712 SOLAR ISLE DRIVE</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>FORT LAUDERDALE, FL</i>		City & State <i>FORT LAUDERDALE, FL</i>		4. FEI Number 59-2708290	
Zip <i>33301</i>		Country <i>USA</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			02252008 Chg-NP CR2E037 (12/06)		
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 <i>TAMARA TENNANT</i> Street Address (P.O. Box Number is Not Acceptable) <i>712 SOLAR ISLE DRIVE</i> City <i>FORT LAUDERDALE</i> FL Zip Code <i>33301</i>		
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 <i>Tamara Tennant</i>		<i>PRESIDENT</i>		<i>3/19/08</i>	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGUIRE, RON 635 RIVIERA ISLE DRIVE FT. LAUDERDALE, FL 33301	<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	PD BEERY, MARK 800 SOLAR ISLE DR FORT LAUDERDALE, FL 333301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD TAMARA TENNANT 712 SOLAR ISLE DRIVE FORT LAUDERDALE, FL, 33301</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIRTH, TRISHIA 627 SOLAR ISLE DR. FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD JEAN GIORDANO 621 SOLAR ISLE DRIVE FORT LAUDERDALE, FL, 33301</i> <input checked="" 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	<i>VD MARLOS CARO 711 RIVIERA ISLE DRIVE FORT LAUDERDALE, FL, 33301</i> <input type="checkbox"/> Change <input checked="" 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	
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	

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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.

*TREASURER* *7/24/08*