

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004254

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** RIVIERA ISLES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

712 SOLAR ISLE DR  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

712 SOLAR ISLE DR  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 59-2708290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TENNANT, TAMARA  
712 SOLAR ISLE DR  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TENNANT, TAMARA  
Address: 712 SOLAR ISLE DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VP  
Name: JOYNER, BILL  
Address: 646 FLAMINGO ISLE DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SECY  
Name: GIORDANO, JEAN  
Address: 621 SOLAR ISLE DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP  
Name: CARO, MARCOS  
Address: 711 RIVIERA ISLE DR  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TREA  
Name: MCCAWLEY, BRENDA  
Address: 715 SOLAR ISLE DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: TAMARA TENNANT

PRES

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date