


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90080 021 ****61.25

0052431

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N95000004844

1. Corporation Name

RIVIERA HARBOR MOBILE PARK RESIDENT'S ASSOCIATION, INC.

Principal Place of Business

10401 SNUG HARBOR ROAD #261
ST. PETERSBURG FL 33702

Mailing Address

10401 SNUG HARBOR ROAD #261
ST. PETERSBURG FL 33702



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2649499	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
REARIC, DONNA 10401 SNUG HARBOR RD #233 ST. PETERSBURG FL 33702				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL	
				85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	DINGMAN, PRUDENCE		<input checked="" type="checkbox"/> DELETE	
NAME		10401 SNUG HARBOR RD #152			
STREET ADDRESS		ST. PETERSBURG FL			
CITY-ST-ZIP					
TITLE	VP	HALLETT, KEN		<input checked="" type="checkbox"/> DELETE	
NAME		10401 SNUG HARBOR RD #204			
STREET ADDRESS		ST. PETERSBURG FL			
CITY-ST-ZIP					
TITLE	S	REARIC, DONNA		<input type="checkbox"/> DELETE	
NAME		10401 SNUG HARBOR RD #233			
STREET ADDRESS		ST. PETERSBURG FL			
CITY-ST-ZIP					
TITLE	T	GAFFKA, FRAN		<input type="checkbox"/> DELETE	
NAME		10401 SNUG HARBOR RD #259			
STREET ADDRESS		ST. PETERSBURG FL			
CITY-ST-ZIP					
TITLE	D	FOURNIER, MARGUERITE		<input checked="" type="checkbox"/> DELETE	
NAME		10401 SNUG HARBOR ROAD #199			
STREET ADDRESS		ST. PETERSBURG FL			
CITY-ST-ZIP					
TITLE	D	GREGOR, ETHEL		<input checked="" type="checkbox"/> DELETE	
NAME		10401 SNUG HARBOR RD #123			
STREET ADDRESS		ST. PETERSBURG FL			
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.2					
1.1 TITLE		P		KEN HALLET	
1.2 NAME				10401 SNUG HARBOR RD #204	
1.3 STREET ADDRESS				ST. PETERSBURG, FL 33702	
1.4 CITY-ST-ZIP					
2.1 TITLE		VP		JIM FLINT	
2.2 NAME				10401 SNUG HARBOR RD #186	
2.3 STREET ADDRESS				ST. PETERSBURG, FL 33702	
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		D		DICK COLTART	
5.2 NAME				10401 SNUG HARBOR RD #122	
5.3 STREET ADDRESS				ST. PETERSBURG, FL 33702	
5.4 CITY-ST-ZIP					
6.1 TITLE		D		JOE PIRAS	
6.2 NAME				10401 SNUG HARBOR RD #245	
6.3 STREET ADDRESS				ST. PETERSBURG, FL 33702	
6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Rearic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 727-527-4137
Date Daytime Phone #

CR2E037 (11/98)