

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005681

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** RIVERVIEW ESTATES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

14275 SW 142 AVENUE  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

14275 SW 142 AVENUE  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 65-0872099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRIAY, CARLOS A  
10570 NW 27 STREET  
#103  
MIAMI, FL 33172 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: PD ( ) Delete  
Name: BURNEY, STAN  
Address: 3060 NW 203 TERR.  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP (X) Delete  
Name: WATERMAN, CHERYL  
Address: 20340 NE 29 CT.  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S ( ) Delete  
Name: JOHNSON, LOTTIE  
Address: 2970 NW 203 TERR  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: SMITH, C B  
Address: 19940 NW 29 CT.  
City-St-Zip: MIAMI GARDENS, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WATERMAN, CHERYL  
Address: 20340 NE 29 CT.  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHERYL WATERMAN

PD

04/20/2009

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

\_\_\_\_\_  
Date