


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2005 90003 021 \*\*\*150.00  
P98000035796

2005 AUG 19 PM 4: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                                   |   |   |   |  |
|---|-----------------------------------|---|---|---|--|
| <b>DOCUMENT # P98000035796</b>  |                                   |   |   |                |  |
| 1. Entity Name<br><b>RIVIERA DUNES REALTY, INC.</b>   |                                   |   |   |   |  |
| Principal Place of Business<br><b>101 RIVERFRONT BLVD<br/>SUITE 610<br/>BRADENTON, FL 34205</b>   |                                   |   | Mailing Address<br><b>101 RIVERFRONT BLVD<br/>SUITE 610<br/>BRADENTON, FL 34205</b> |   |  |
| 2. Principal Place of Business<br><b>10920 SR 70 East</b>   |                                   | 3. Mailing Address<br><b>10920 SR 70 East</b>   |   |   |  |
| Suite, Apt. #, etc.<br><b>Suite 2</b>   |                                   | Suite, Apt. #, etc.<br><b>Suite 2</b>   |   |   |  |
| City & State<br><b>Bradenton, FL</b>  |                                   | City & State<br><b>Bradenton, FL</b>  |   | 4. FEI Number<br><b>65-0832629</b>  |  |
| Zip<br><b>34202</b>   |                                   | Country   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Zip<br><b>34202</b>   |                                   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                                   |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>GALVANO, WILLIAM S</b><br>1023 MANATEE AVE WEST<br>BRADENTON, FL 34205   |                                   |   | Name  |   |  |
|   |                                   |   | Street Address (P.O. Box Number is Not Acceptable)                                  |   |  |
|   |                                   |   | City  |   |  |
|   |                                   |   | <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |                                   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.    |  |
| 10. OFFICERS AND DIRECTORS  |                                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |   |  |
| TITLE   | D <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | WALL, SIDNEY R                    |   | NAME  |   |  |
| STREET ADDRESS  | 5109 NW 93 DORAL WAY              |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | DORAL, FL 33178                   |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME  |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME  |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME  |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME  |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                   |   | 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 607, 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: <i>Sidney Wall</i>   |                                   | Sid Wall, Director  |   | 6-9-05  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                   | <small>Date</small>   |   | <small>Daytime Phone #</small>  |  |



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