


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000000166 1. Entity Name HOMES OF RIVIERA DUNES HOMEOWNERS' ASSOCIATION, INC.	
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FILED
05 JUN 20 AM 10:47

TALLAHASSEE, FLORIDA



Principal Place of Business 310 HABENELVD PALMETTO, FL 34221	Mailing Address 310 HABENELVD PALMETTO, FL 34221
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05192005 Chg-NP CR2E037 (10/03)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-1065697	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOBECK ESQ, DANIEL LOBECK HANSON & WELLS 2033 MAIN ST STE 403 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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.

100056527471
06/27/05--01008--004 **\$1.25

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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	PD COBELO, VINCE	<input checked="" type="checkbox"/> Delete	TITLE	PD ANDERSON, LINDALEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1107 3RD ST E		NAME	310 10TH AVE E	
STREET ADDRESS	PALMETTO, FL 34221		STREET ADDRESS	PALMETTO, FL 34221	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD BAILEY, JIM	<input checked="" type="checkbox"/> Delete	TITLE	VPD GAULIEN, COBY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	302 9TH AVE E		NAME	610 RIVIERA DUNES WAY, #503	
STREET ADDRESS	PALMETTO, FL 34221		STREET ADDRESS	PALMETTO, FL 34221	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD CASTELLI, CHARLES	<input type="checkbox"/> Delete	TITLE	SD CASTELLI, CHARLES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	203 12TH AVE E		NAME	203 12TH AVE E	
STREET ADDRESS	PALMETTO, FL 34221		STREET ADDRESS	PALMETTO, FL 34221	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD ROMAK, MARY BETH	<input checked="" type="checkbox"/> Delete	TITLE	TD ROMAK, THOMAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	208 12TH AVE E		NAME	208 12TH AVE E	
STREET ADDRESS	PALMETTO, FL 34221		STREET ADDRESS	PALMETTO, FL 34221	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D TULLOS, COSPER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	305 11TH AVE E	
STREET ADDRESS			STREET ADDRESS	PALMETTO, FL 34221	
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 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.

SIGNATURE: Charles Castelli CHARLES T CASTELLI JUNE 15, 2005 941-723-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #