

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 06, 2006
Secretary of State**

DOCUMENT# N00000000166

Entity Name: HOMES OF RIVIERA DUNES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 65-1065697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: LINDALEE, ANDERSON
Address: 310 10TH AVE E
City-St-Zip: PALMETTO, FL 34221

Title: VPD () Delete
Name: GAULIEN, COBY
Address: 610 RIVIERA DUNES WAY,#503
City-St-Zip: PALMETTO, FL 34221

Title: SD () Delete
Name: CASTELLI, CHARLES
Address: 203 12TH AVE E
City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete
Name: ROMAK, THOMAS
Address: 208 12TH AVE E
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: TULLOS, COSPER
Address: 305 11TH AVE E
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: LINDALEE ANDERSON

PD

03/06/2006

Electronic Signature of Signing Officer or Director

_____ Date