


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90240 007 ****61.25

DOCUMENT # N00000000166

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



Principal Place of Business
**4301 32ND STREET W
 SUITE A 20
 BRADENTON, FL 34205 US**

Mailing Address
**4301 32ND STREET W
 SUITE A 20
 BRADENTON, FL 34205 US**

40065594



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1065697

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CTS CONDOMINIUM MANAGEMENT
 4301 32ND STREET WEST
 SUITE A 20
 BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LINDALEE, ANDERSON	
STREET ADDRESS	310 10TH AVE E	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GAULIEN, COBY	
STREET ADDRESS	610 RIVIERA DUNES WAY, #503	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CASTELLI, CHARLES	
STREET ADDRESS	203 12TH AVE E	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILLIS, PATRICIA	
STREET ADDRESS	908 RIVIERA DUNES WAY	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMAK, MARY BETH	
STREET ADDRESS	208 12TH AVENUE EAST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schneider, BARRY	
STREET ADDRESS	805 RIVIERA DUNES WAY	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson, Robert	
STREET ADDRESS	310 10th Ave East	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stripe, Amy	
STREET ADDRESS	308 9th Ave East	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Robert	
STREET ADDRESS	1316 2nd St Cir East	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patricia A. Gillis Date: 4/10/07 Daytime Phone #: 941-722-2316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR