

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006976

Entity Name: RIVIERA NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**918 ALFONSO AVE
CORAL GABLES, FL 33146**Current Mailing Address:**P.O BOX 430825
SOUTH MIAMI, FL 33243-0825**FEI Number:** 65-1148228**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNETT, ROBERT
1140 S ALHAMBRA CIR
CORAL GABLES, FL 33146 US*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**Officer/Director Detail :**

Title	PD
Name	DE TOURNEY, LISA
Address	6904 CABALLERO AV
City-State-Zip:	CORAL GABLES FL 33146

Title	SD
Name	LEVINSON, SANDRA
Address	918 ALFONSO AVENUE
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	BARNETT, ROBERT
Address	1140 SOUTH ALHAMBRA CIR
City-State-Zip:	CORAL GABLES FL 33146

Title	TD
Name	LEVINSON, THOMAS
Address	918 ALFONSO AVE
City-State-Zip:	CORAL GABLES FL 33146

Title	TD
Name	LEVINSON, THOMAS
Address	918 ALFONSO AVE
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	RAMIREZ, JOSEFINA
Address	1200 SOUTH ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33146

I hereby 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 all other like empowered.

SIGNATURE: THOMAS LEVINSON**TREAS/DIRECTOR****04/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date