

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711413 (5)
1. Corporation Name
RIVIERA COUNTRY CLUB OF CORAL GABLES, FLORIDA



Principal Place of Business: **1155 BLUE ROAD CORAL GABLES FL 33146**
Mailing Address: **1155 BLUE ROAD CORAL GABLES FL 33146**

3. Date Incorporated or Qualified: **08/29/1966**
3a. Date of Last Report: **08/02/1995**
4. FEI Number: **59-0539247**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **2a**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
WAGNER, WILLIAM M.
415 BLUE ROAD
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, PAUL T	
STREET ADDRESS	1480 AGUA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	LAWHORN JR., JESS S	
STREET ADDRESS	230 SANTO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WITTMER, STEVEN C.	
STREET ADDRESS	1280 BLUE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, STEWART P.	
STREET ADDRESS	1250 MENDAVIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WORLEY JR., J. HAYES	
STREET ADDRESS	5800 SW 84TH ST.	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAWHORN JR., JESS S.	
2.3 STREET ADDRESS	230 SANTO AVE	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wittmer, Harold G.	
3.3 STREET ADDRESS	5990 SW 135 TERR.	
3.4 CITY-ST-ZIP	MIAMI, FL 33156	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wind, David A.	
5.3 STREET ADDRESS	16021 SW 86 Ave	
5.4 CITY-ST-ZIP	MIAMI, FL 33157	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stewart P. Thomas DATE: 4/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MR. STEWART P. THOMAS.** Daytime Phone #

CR2E037 (12/95)