

FILE NOW: FILING FEE IS \$61.25

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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
1155 BLUE ROAD CORAL GABLES FL 33146 1155 BLUE ROAD CORAL GABLES FL 33146-1112

3. Date Incorporated or Qualified 08/29/1966 3a. Date of Last Report 05/29/1996

21	2. Principal Place of Business Suite, Apt #, etc.	26	2a. Mailing Address Suite, Apt #, etc.	4.	FEI Number 59-0539247	Applied For Not Applicable
22	22 City & State	27	27 City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	23 Zip	28	28 Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24 Country	29	29 Country	30	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WAGNER, WILLIAM M. 1155 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	FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAWHORN JR., JESS S		1.2 NAME	Eldredge, H. Richard			
STREET ADDRESS	230 SANTO AVE.		1.3 STREET ADDRESS	17143 S.W. 79 PLACE			
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	MIAMI, FL 33157			
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVELL, HAROLD G		2.2 NAME				
STREET ADDRESS	5990 SW 135 TERRACE		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, STEWART P.		3.2 NAME				
STREET ADDRESS	1250 MENDAVIA AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIND, DAVID A		4.2 NAME	Peter T. Pruitt, Jr.			
STREET ADDRESS	16021 SW 86 AVE.		4.3 STREET ADDRESS	421 Garlanda			
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP	Coral Gables, FL 33146			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 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: _____ Date: 2/14/97 Daytime Phone #: 661-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)