

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified  
08/29/1966

4. FEI Number  
59-0539247

Applied For  
Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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.

*William M. Wagner* 2/6/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ELDRIDGE, RICHARD H.	
STREET ADDRESS	17143 S.W. 79 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEVELL, HAROLD G	
STREET ADDRESS	5890 SW 135 TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, STEWART P.	
STREET ADDRESS	1250 MENDAVIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PRUITT, PETER T. J	
STREET ADDRESS	421 GARLEDA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D Wind, David R	
1.3 STREET ADDRESS	16021 S.W. 86 AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL 33157	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GABRIEL BUSTAMANTE	
2.3 STREET ADDRESS	1210 PLACETAS AVENUE	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL W. BATTLE	
3.3 STREET ADDRESS	10745 S.W. 53 AVENUE	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Sandra B. Mortham* (305) 661-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)