

FILE NOW: FILING FEE IS \$61.25

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**Mar 16, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 711413

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0539247	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WAGNER, WILLIAM M. 1155 BLUE ROAD CORAL GABLES FL 33146				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIND, DAVID R		1.2 NAME	CORRIGAN, GEORGE M., JR.	
STREET ADDRESS	16021 SW 86 AVENUE		1.3 STREET ADDRESS	1155 BLUE ROAD	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, GABRIEL		2.2 NAME	BUSTAMANTE, GABRIEL	
STREET ADDRESS	1210 PLACCTAS AVENUE		2.3 STREET ADDRESS	1155 BLUE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, STEWART P.		3.2 NAME	THOMAS, STEWART P.	
STREET ADDRESS	1250 MENDAVIA AVENUE		3.3 STREET ADDRESS	1155 BLUE ROAD	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTLE, MICHAEL		4.2 NAME	WHEELER, WILLARD L.	
STREET ADDRESS	10745 SW 53 AVENUE		4.3 STREET ADDRESS	1155 BLUE ROAD	
CITY-ST-ZIP	MIAMI FL 33156		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 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, with all other like empowered.

SIGNATURE: *[Signature]* \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)

305-661-5331  
Daytime Phone #