


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90043 029 \*\*\*\*61.25

**DOCUMENT #711413**

1. Entity Name  
**RIVIERA COUNTRY CLUB OF CORAL GABLES, FLORIDA**



Principal Place of Business  
**1155 BLUE ROAD**  
**MIAMI, FL 33146**

Mailing Address  
**1155 BLUE ROAD**  
**MIAMI, FL 33146**

40021093



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0539247**

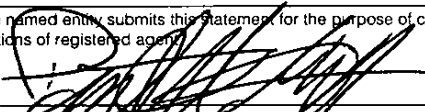
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WAGNER, WILLIAM M.**  
**1155 BLUE ROAD**  
**CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent  
 Name  
**McGrath Patrick III**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1155 BLUE ROAD**  
 City  
**CORAL GABLES** FL Zip Code  
**33146**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/31/07**

(NOTE: Registered Agent signature required when reinstating)

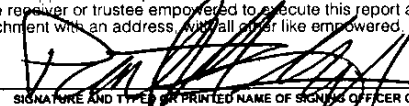
Filing Fee is **\$61.25**  
 Due by **May 1, 2007**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUONICONTI, NICHOLAS A 1155 BLUE RD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DONOUAN RICHARD P. 1155 BLUE RD. CORAL GABLES, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LYALL, GEORGE A 1155 BLUE ROAD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LYALL, GEORGE A. 1155 BLUE RD. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MCGRATH, PATRICK III 1155 BLUE RD MIAMI, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCGRATH, PATRICK III 1155 BLUE RD. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZOMERFELD, RAYMOND 1155 BLUE RD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZOMERFELD, RAYMOND 1155 BLUE RD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKACS, JOHN R 1155 BLUE RD MIAMI, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parliamentarian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LUKACS, JOHN R. 1155 BLUE RD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RODON, LINCOLN 1155 BLUE RD CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 reporter or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, or all other like empowered.

SIGNATURE:  DATE **1/31/07** DAYTIME PHONE **305 495-6410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR