2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000012909

1. Entity Name
RIVIERA PALMS CONDOMINIUM ASSOCIATION, INC.

FILED
2008 SEP 26 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07172008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
~~3860 LYONS ROAD~~	~~3860 LYONS ROAD~~
~~COCONUT CREEK, FL 33073-4447 US~~	~~COCONUT CREEK, FL 33073-4447 US~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11784 W. Sample Rd	11784 W. Sample Road
Suite, Apt. #, etc. # 103	Suite, Apt. #, etc. # 103
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. FEI Number 86-1159581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ROBBINS, RUSSELL M ESQ~~
~~9690 WEST SAMPLE ROAD~~
~~SUITE 103~~
~~CORAL SPRINGS, FL 33065-4046~~

7. Name and Address of New Registered Agent

Name: United Community Mgt. Corp.
Street Address (P.O. Box Number is Not Acceptable): 11784 W. Sample Rd # 103
City: Coral Springs FL Zip Code: 33065

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: Renee Kallaher V.P. Finance United Comm 9/23/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	PD BILU, DAVID 3844 LYONS ROAD, UNIT 212 COCONUT CREEK, FL 330734486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAFtaly, David 11707 N.W. 69 Place Parkland, FL 33076 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ORTIZ, MARILYN 3870 LYONS ROAD, UNIT 209 COCONUT CREEK, FL 330734494	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000136465000 09/30/08--01009--008 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARDONA, ROSELYN 3854 LYONS ROAD, UNIT 309 COCONUT CREEK, FL 330734489	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DeHoff, David 3844 Lyons Rd #304 Coconut Creek, FL 33073 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUSSELL, OSWALD 3854 LYONS ROAD, UNIT 203 COCONUT CREEK, FL 330734488	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, THOMAS 3830 LYONS ROAD, UNIT 105 COCONUT CREEK, FL 330734478	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Green, John 6811 N.W. 75 Street Tamarac, FL 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 receiver 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, with all other like empowered.

SIGNATURE: Marilyn Ortiz 9-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #