

**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

08 DEC 22 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N05000012909 1. Entity Name Riviera Palms Condominium Association, Inc.																																																						
Principal Place of Business 11784 West Sample Road Suite 103 Coral Springs, Florida 33065-4447			Mailing Address 11784 West Sample Road Suite 103 Coral Springs, Florida 33065-4447																																																			
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		07172008 Chg-NP CR2E037 (12/06) 4. FEI Number 86-1159581 Applied For Not Applicable																																																		
6. Name and Address of Current Registered Agent United Community Management Corporation 11784 West Sample Road, Suite 103 Coral Springs, Florida 33065-4447				7. Name and Address of New Registered Agent Name Robbins, Russell M. Esq. Street Address (P.O. Box Number is Not Acceptable) 9690 West Sample Road, Suite 103 City Coral Springs, FL 33065-4046																																																		
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: <i>Russell M. Robbins, Esq.</i> DATE: November 19, 2008 Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reissuing)																																																						
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																			
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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 607, 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: <i>David Naftaly</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		David Naftaly, Director		November 19, 2008 (954) 553-9111 Date Daytime Phone #																																																		

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