FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 JUN -7 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39480

1. Corporation Name

RIVIERA AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
c/o Courtesy Property Mgmt. 13250 SW 135th Ave Miami, Fl 33186	c/o Courtesy Prop. Mgmt. 13250 SW 135th Ave Miami, Fl 33186

2. Principal Place of Business	2a. Mailing Address
21 Courtesy Prop. Mgmt.	26 Courtesy Prop. Mgmt.
Suite, Apt. #, etc. 22 13250 SW 135th Ave	Suite, Apt. #, etc. 27 13250 SW 135th Ave
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip / Country 24 33186 25 Dade	Zip / Country 29 33186 30 Dade

3. Date Incorporated or Qualifed: **08/13/1990**

4. FEI Number: **65-0191028** ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

SHRD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

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.

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NORMA GONZALEZ	1.2 NAME	
STREET ADDRESS	7821 CORALWAY, SUITE 110	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	1.4 CITY-ST-ZIP	500002902785--6 -06/11/99--00104--001
TITLE	VPD/SD ☐ DELETE	2.1 TITLE	☐ Addition
NAME	ALBERT SALADIN	2.2 NAME	*****70.00 *****70.00
STREET ADDRESS	375 NW 86 COURT #8	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	XIOMARA S. CORTES	3.2 NAME	
STREET ADDRESS	8661 NW 4 TERR. #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ENRIQUE CALIXTO	4.2 NAME	
STREET ADDRESS	395 NW 86 PLACE #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LUCIO M. FIGUEROA	5.2 NAME	
STREET ADDRESS	460 NW 86 PLACE #3	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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.

6/10/99 MO

SIGNATURE: _____ 5/19/99 (305)254-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #