

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90015 039 ****70.00

DOCUMENT # N39480 1. Entity Name THE RIVIERA AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135TH AVE. MIAMI, FL 33186 US			Mailing Address C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135TH AVE. MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0191028	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD INC 201 ALHAMORA CIR STE - 1102 CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GONZALEZ, NORMA		NAME		
STREET ADDRESS	7821 CORALWAY, SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	VPDS	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SALADIN, ALBERT		NAME	Saladin, Albert	
STREET ADDRESS	375 NW 86 COURT #8		STREET ADDRESS	375 NW 86 Court, #8	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	CALIXTO, ENRIQUE		NAME		
STREET ADDRESS	395 NW 86TH PL #3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	FIGUEROA, LUCIO		NAME	Figueroa, Lucio	
STREET ADDRESS	460 NW 86TH PL., #3		STREET ADDRESS	460 NW 86 Plce, #3	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Jan 14/04 Daytime Phone # 305-264-5405		