2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # N39480 04-27-2005 90337 032 ****70.00 THE RIVIERA AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O COURTESY PROPERTY MANAGEMENT C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135TH AVE. 13250 SW 135TH AVE. MIAMI, FL 33186 US MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #retc. 01102005 Cha-NP CR2E037 (10/03) ٠ Applied For City & State City & State 4. FEI Number 65-0191028 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKRLD INC Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMORA CIR STE - 1102 CORAL GABLES, FL 33134 Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2005 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change X Addition TITLE ☐ Delete TITLE GONZALEZ, NORMA NAME NAME 8650 NW 3 LANE, #5 STREET ADDRESS 7821 CORALWAY, SUITE 110 STREET ADDRESS CITY-ST-ZIP MIAMI, FL MIAMI, FL 33155 CITY-ST-ZIP Delete TITLE Change Addition TITLE **REPNANOE2** SALADIN, ALBERT NAME NAME STREET ADDRESS 3650 NW 375 NW 86 COURT #8 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP CITY - ST-78P Change **VPDS** ☐ Delete Addition TITLE NORMA GONZALEZ 8650 N.W BLANE # FIGUEROA, LUCIO NAME NAME 460 NW 86TH PL., #3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME

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 address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED

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FILED