FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT #

N50490

(4)

FILED May 08 1998 8:00am Secretary of State

RIVIERA BY THE BAY H	OMEOWNERS ASSOCIATION, IN	IC.					
Principal Place of Business Malling Address			F CONTINUE THE DULLS ABOUT BLACK SAME BOTT BLOCK BIRTH BLOCK BIRTH BLOCK BIRTH BLOCK BIRTH BLOCK BIRTH				
47 SW 105TH PLACE 47 SW 105TH PLACE MIAMI FL 33174 MIAMI FL 33174				3. Date incorporated or Qualified 08/20/1992	08/20/1992		
				4. FEI Number Applie			
2. Principal Place of Business	190 44-14			65-0421838 Not Ap	oplicable		
21	26 Mailing Address	2a. Mailing Address 26		5. Certificate of Status Desired			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe			
City & State	City & State	City & State		7. Is this nonprofit corporation a homeowners association?			
Zip Country 24 25	29	Countr 30	у	8. This corporation owes or has paid the current year intangent of the personal Property Tax due June 30.			
9. Name and Addre	ss of Current Registered Agent			10. Name and Address of New Registered Agent			
ANGEL MENES 47 SW 105TH PL			Stre	Name Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33126	•	83	1	itu les 75 Ood	_		
			" "	FL FL			
 Pursuant to the provisions of Sect office or registered agent, or both agent. I am familiar with, and acc 	ions 617,0502 and 617,1508, Florida Statute i, in the State of Florida. Such change was a ept the obligations of, Section 617,0503, Flo	es, the above authorized b orida Statute	ve-nam by the cos.	med corporation submits this statement for the purpose of changing its re- o corporation's board of directors. I hereby accept the appointment as regi	gistered istered		
SIGNATURE				conture required when reinstation) DATE			

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorithre required when reinstating) DATE										
12.			13.	ADDITIONS/CHANGES TO OFFIC		S IN 12				
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition				
NAME	MENES, ANGEL		1.2 NAME							
STREET ADDRESS	47 SW 105TH PL		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY - ST - ZIP							
TITLE	SD	DELETE	2.1 TITLE		Change	Addition				
NAME	LORENZO, HUMBERTO		2.2 NAME							
STREET ADDRESS	47 SW 105TH PL		2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		2. 4 CHTY-ST-ZIP			1				
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change	Addition				
NAME	MENES JR. ANGEL		3.2 NAME							
STREET ADDRESS	47 SW 105TH PL		3.3 STREET ADORESS							
CITY-ST-ZIP	MIAMI FL 33174		3.4. CITY-ST-ZIP							
mue i		DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME							
STREET ADORESS			6.3 STREET ADDRESS							

14. Thereby 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.

SIGNATURE:

(305)270-0976