


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90289 046 \*\*\*61.25

<b>DOCUMENT # N99000000286</b>					
1. Entity Name RIVIERA ISLES MASTER ASSOCIATION, INC.					
Principal Place of Business 4400 W. SAMPLE RD., STE. 200 COCONUT CREEK, FL 33073-3450			Mailing Address 4400 W. SAMPLE RD., STE. 200 COCONUT CREEK, FL 33073-3450		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0886971	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MINTO COMMUNITIES, INC. ATTN: MICHAEL GREENBERG 4400 W. SAMPLE RD., STE. 200 COCONUT CREEK, FL 33073-3450			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEER, T.R.		NAME	Richard Cygan	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200		STREET ADDRESS	4955 SW 165 Ave	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450		CITY-ST-ZIP	Miramar, FL 33027	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGERS, FRANK		NAME	Addie Todal	
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200		STREET ADDRESS	4953 SW 171 Terr.	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450		CITY-ST-ZIP	Miramar, FL 33027	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT, GARY		NAME		
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 330733450		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Frank Rodgers</i>			FRANK RODGERS, 4/20/04 954-973-4490		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date VICE PRESIDENT		