


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

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90238 002 \*\*\*\*61.25

**DOCUMENT # N99000000286**

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

**14008750**

**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0886971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MINTO COMMUNITIES, INC.  
 ATTN: MICHAEL GREENBERG  
 4400 W. SAMPLE RD., STE. 200  
 COCONUT CREEK, FL 33073-3450

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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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEER, T.R. 4400 W. SAMPLE RD., STE. 200 COCONUT CREEK, FL 330733450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODGERS, FRANK 4400 W. SAMPLE RD., STE. 200 COCONUT CREEK, FL 330733450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLEMENT, GARY 4400 W. SAMPLE RD., STE. 200 COCONUT CREEK, FL 330733450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYGAN, RICHARD 4955 SW 165 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODAL, ADDIE 4953 SW 171 TERR. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Frank Rodgers **FRANK RODGERS** April 22, 2005 (954) 973-4490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #