
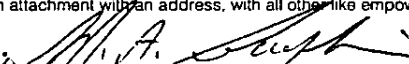


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90004 043 \*\*\*\*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		01112006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0886971	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MINTO COMMUNITIES, INC. ATTN: MICHAEL GREENBERG 4400 W. SAMPLE RD., STE. 200 COCONUT CREEK, FL 33073-3450				7. Name and Address of New Registered Agent	
				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 _____ 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, 2006</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 checked="" type="checkbox"/> Delete	TITLE	Mitch Baylis, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEER, T.R.		NAME		
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 330733450		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Joel Beckenstein, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGERS, FRANK		NAME		
STREET ADDRESS	4400 W. SAMPLE RD., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 330733450		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	CHRIS TELLO, Sec.	<input type="checkbox"/> Change <input checked="" 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	D	<input type="checkbox"/> Delete	TITLE	Adriana DeVetter, Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYGAN, RICHARD		NAME		
STREET ADDRESS	4955 SW 165 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Rowan Taylor, Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODAL, ADDIE		NAME		
STREET ADDRESS	4953 SW 171 TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE	Errol Simmons, Dir	<input type="checkbox"/> Delete	TITLE	Ray Galban, Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	STAN ROSEN, Dir		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 			Date 2/6/06		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT

60015308

~~#N99000000286~~

**Gables Property Management**  
has **RELOCATED** to

**1495 Northpark Drive**  
**Weston, FL 33326**

Please **UPDATE** the **Billing mailing address**.

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