


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # N99000000286 1. Entity Name RIVIERA ISLES MASTER ASSOCIATION, INC. | |  | |
| Principal Place of Business 1495 NORTH PARK DRIVE WESTON, FL 33326 | | Mailing Address 1495 NORTH PARK DRIVE WESTON, FL 33326 | |
| 2. Principal Place of Business - No P.O. Box # 5055 SW 171ST AVENUE Suite, Apt. #, etc. | | 3. Mailing Address 5055 SW 171ST AVENUE Suite, Apt. #, etc. | |
| City & State MIRAMAR, FL | | City & State MIRAMAR, FL | |
| Zip 33027 | Country | Zip 33027 | Country |
| 4. FEI Number 65-0886971 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAKALAR & EICHNER, P.A. 150 S PINE ISLAND RD STE 540 PLANTATION, FL 33324 | | 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 _____ | | 800107197818 08/02/07--01047--005 **183.75 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| DATE | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | S STAN, ROSEN 1495 NORTH PARK DRIVE WESTON, FL 33326 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROSEN, STAN 4892 SW 159TH AVENUE MIRAMAR, FL 33027 |
| TITLE | VD BUCKENSTEIN, JOEL 1495 NORTH PARK DRIVE FORT LAUDERDALE, FL 33326 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRUCKENSTEIN, JOEL 5088 SW 168TH AVENUE MIRAMAR, FL 33027 |
| TITLE | D PILARE, RAYMOND 1495 NORTH PARK DRIVE WESTON, FL 33326 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PI LARA, RAYMOND 16120 SW 51ST STREET MIRAMAR, FL 33027 |
| TITLE | T DEVEHEN, ADRIANA 1495 NORTH PARK DRIVE WESTON, FL 33326 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE VETTEN, ADRIANA 5295 SW 171ST AVENUE MIRAMAR, FL 33027 |
| TITLE | D TAYLOR, ROWAN 1495 NORTH PARK DRIVE WESTON, FL 33326 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD TAYLOR, ROWAN 5087 SW 162ND AVENUE MIRAMAR, FL 33027 |
| TITLE | D GALBAN, RAY 1495 NORTH PARK DRIVE WESTON, FL 33326 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GALBAN, RAY 4800 SW 161ST LANE MIRAMAR, FL 33027 |
| 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: <i>Rowan Taylor</i> ROWAN TAYLOR | | Date: 6/12/07 Daytime Phone #: (954) 322-5284 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

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SECRETARY OF STATE
TALLAHASSEE, FL



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RIVIERA ISLES MASTER ASSOCIATION, INC.
DOCUMENT NO. N99000000286

ADDITIONAL DIRECTORS:

- #7. SIMMONS, ERROL
5128 SW 157TH AVENUE
MIRAMAR, FL 33027
- #8. ROBINSON, DESMOND
5048 SW 170TH AVENUE
MIRAMAR, FL 33027
- #9. MORRIS, JEFF
4872 SW 159TH AVENUE
MARAMAR, FL 33027