

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710349

**Entity Name:** THE RIVIERA CONDOMINIUM APARTMENTS, INC.

**FILED**  
**Apr 20, 2013**  
**Secretary of State**  
**CC6066124976**

**Current Principal Place of Business:**

1150 NE 191 ST  
2ND FLOOR CAPRI ROOM  
MIAMI, FL 33179

**Current Mailing Address:**

1150 N E 191 STREET  
MIAMI, FL 33179

**FEI Number: 59-1146046**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAUSER, CHARLENE E  
1100 N E 191 STREET #E21  
MIAMI, FL 33179 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TREA  
Name RAKES, EILEEN  
Address 1150 NE 191 ST, C4  
City-State-Zip: MIAMI FL 33179

Title V P  
Name HAUSER, CHARLENE E  
Address 1100 N E 191 STREET # E21  
City-State-Zip: MIAMI FL 33179

Title PRES  
Name MELLADO, ALETSE  
Address 1000 NE 191 ST F-15  
City-State-Zip: MIAMI FL 33179

Title SEC  
Name OPPER, HEIDI  
Address 1150 N E 191 STREET # C35  
City-State-Zip: MIAMI FL 33179

Title BOD  
Name TRIBER, SCOTT  
Address 1100 N E 191 STREET #E-44  
City-State-Zip: MIAMI FL 33179

Title BOD  
Name MARDER, LESTER  
Address 1150 NE 191 ST E-37  
City-State-Zip: MIAMI FL 33179

Title BOD  
Name PALMER, DEON  
Address 1100 NE 191 ST E-46  
City-State-Zip: MIAMI FL 33179

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALETSE MELLADO**

**PRESIDENT**

**04/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date