

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

DOCUMENT# N00000002600

**Entity Name:** RIVIERA SCHOOLS PARENTS CLUB, INC.

**Current Principal Place of Business:**

6800 NERVIA STREET  
CORAL GABLES, FL 33146

**Current Mailing Address:**

6800 NERVIA STREET  
CORAL GABLES, FL 33146

**FEI Number: 65-1014059**

**Certificate of Status Desired: No**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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            PRES  
Name            SPERBER, DEBORAH  
Address        6800 NERVIA STREET  
City-State-Zip: CORAL GABLES FL 33146

Title            VP  
Name            COHEN, ALLISON  
Address        6800 NERVIA STREET  
City-State-Zip: CORAL GABLES FL 33146

Title            SECY  
Name            ORTIZ, MYRNA  
Address        6800 NERVIA STREET  
City-State-Zip: MIAMI FL 33146

Title            TRES  
Name            BROWN, TRACEY S  
Address        6800 NERVIA STREET  
City-State-Zip: CORAL GABLES FL 33146

Title            VP  
Name            ROBINSON, VICKI  
Address        6800 NERVIA STREET  
City-State-Zip: CORAL GABLES FL 33146

*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: TRACEY BROWN**

**TREASURER**

**03/02/2013**

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

\_\_\_\_\_  
Date