

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000286

FILED
Jan 30, 2023
Secretary of State
1426850975CC

Entity Name: RIVIERA ISLES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 W. CYPRESS CREEK RD. SUITE 201
FT. LAUDERDALE, FL 33309

Current Mailing Address:

C/O EXCLUSIVE PROPERTY MANAGEMENT
2945 W. CYPRESS CREEK RD. SUITE 201
FT. LAUDERDALE, FL 33309 US

FEI Number: 65-0886971

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE & BENDER, P.L.
1200 PARK CENTRAL BLVD. SOUTH
POMPANO BEACH, FL 33064 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 P
Name REYES, EMBEL FRANK
Address 2945 W. CYPRESS CREEK RD.
SUITE 201
City-State-Zip: FT. LAUDERDALE FL 33309

Title VP
Name ARENCIBIA, ALBERTO
Address 2945 W. CYPRESS CREEK RD.
SUITE 201
City-State-Zip: FT. LAUDERDALE FL 33309

Title T
Name WILFORK, BOBBIE
Address 2945 W. CYPRESS CREEK RD.
SUITE 201
City-State-Zip: FT. LAUDERDALE FL 33309

Title D
Name GRANT, JUANITA
Address 2945 W. CYPRESS CREEK RD.
SUITE 201
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name ROSEN, STANLEY
Address 2945 W. CYPRESS CREEK RD.
SUITE 201
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name LOPEZ, RICARDO
Address 2945 W. CYPRESS CREEK RD.
SUITE 201
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name BUGA, LECH
Address 2945 W. CYPRESS CREEK RD.
SUITE 201
City-State-Zip: FT. LAUDERDALE FL 33309

Title SECRETARY
Name VALDES, NATALIE
Address 2945 W. CYPRESS CREEK RD.
SUITE 201
City-State-Zip: FT. LAUDERDALE FL 33309

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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: BOBBIE WILFORK

TREASURER

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GARVIN III, ASA
Address 2945 W. CYPRESS CREEK RD.
 SUITE 201
City-State-Zip: FORT LAUDERDALE FL 33309