

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000286

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC9287221016**

**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, BOBBI  
Address 2945 W. CYPRESS CREEK RD.  
SUITE 201  
City-State-Zip: FT. LAUDERDALE FL 33309

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

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

Title S  
Name HOLT, YVETTE  
Address 2945 W. CYPRESS CREEK RD.  
SUITE 201  
City-State-Zip: FT. LAUDERDALE FL 33309

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

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

**Continues on page 2**

*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:** EMBEL FRANK REYES

**PRESIDENT**

**01/12/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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