2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 507403

1. Entity Name

RIVIÉRA COUNTRY CLUB, INC.



FILED
Mar 05, 2007 08:00 AN
Secretary of State

Principal Place of Business

500 CALLE GRANDE AVENUE ORMOND BEACH, FL 32174

the obligations of registered agent.

SIGNATURE.

CITY-ST-ZIP

Mailing Address

500 CALLE GRANDE AVENUE ORMOND BEACH, FL 32174



| DO NOT WOITE IN THE COLOR | 01042007 No Chg-P CR2E034 (11/05) | | | | |
|--|---|--|--|--|--|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number Applied For | | | | |
| | 59-1679092 Not Appli | | | | |
| | 5. Certificate of Status Desired | | | | |
| 6. Name and Address of Current Registered Agent | | | | | |
| MEYERS, ERIC 2 TIMBER TRAIL | DO NOT WRITE IN THIS SPACE | | | | |
| ORMOND BEACH, FL 32174 | | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or r | egistered agent, or both, in the State of Florida. I am familiar with, and accept | | | | |

| Signature, typod or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) | | | DATE | | | |
|---|--|--|------|--------------------------------|--|-----|
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD MEYERS, ERIC 2 TIMBER TRAIL ORMOND BEACH, FL 00000, | | | | U00000655135 03/13/07-80094-009 150 | .00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MEYERS, CHARLOTTE 2 TIMBER TRAIL ORMOND BEACH, FL 32174 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | | | | | <u>.</u> | |
| TITLE NAME STREET ADDRESS | | | | | | |

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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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: | Evi Meyers | Fric Mayers Name of Signing officer or Director | 3-1-07 | 386-677-2464 |
|------------|--------------------------------|---|-----------------|--------------|
| | SIGNATURE AND TYPED OR PRINTES | Date | Deylime Phone # | |