

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90392 001 \*\*\*\*61.25

**DOCUMENT # 711413**

1. Entity Name  
**RIVIERA COUNTRY CLUB OF CORAL GABLES, FLORIDA**



Principal Place of Business  
**1155 BLUE ROAD  
 MIAMI, FL 33146**

Mailing Address  
**1155 BLUE ROAD  
 MIAMI, FL 33146**

**60023650**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-0539247**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAGNER, WILLIAM M.  
 1155 BLUE ROAD  
 CORAL GABLES, FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **BUONICONTI, NICHOLAS A**  
 STREET ADDRESS **1155 BLUE RD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **PRESIDENT / CHAIRMAN**  Change  Addition  
 NAME **George A. Lyrall**  
 STREET ADDRESS **1155 BLUE ROAD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D**  Delete  
 NAME **GOLDSTEIN, CHERYL**  
 STREET ADDRESS **1155 BLUE RD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **PRESIDENT ELECT**  Change  Addition  
 NAME **PATRICK McGrath III**  
 STREET ADDRESS **1155 BLUE ROAD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D**  Delete  
 NAME **JONES, EDGAR C**  
 STREET ADDRESS **1155 BLUE RD**  
 CITY-ST-ZIP **MIAMI, FL 33146**

TITLE **VICE PRESIDENT**  Change  Addition  
 NAME **Thomas St. Johansen**  
 STREET ADDRESS **1155 BLUE ROAD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **T**  Delete  
 NAME **ZOMERFELD, RAYMOND**  
 STREET ADDRESS **1155 BLUE RD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **Secretary**  Change  Addition  
 NAME **George H. Corrigan**  
 STREET ADDRESS **1155 BLUE ROAD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D**  Delete  
 NAME **LUKACS, JOHN R**  
 STREET ADDRESS **1155 BLUE RD**  
 CITY-ST-ZIP **MIAMI, FL 33146**

TITLE **DIRECTOR**  Change  Addition  
 NAME **LISBETH WILSON**  
 STREET ADDRESS **1155 BLUE ROAD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D**  Delete  
 NAME **RODON, LINCOLN**  
 STREET ADDRESS **1155 BLUE RD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **DIRECTOR**  Change  Addition  
 NAME **Rene V. Murai**  
 STREET ADDRESS **1155 BLUE ROAD**  
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

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 indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Will Wagner* 3/30/2006

Date

Daytime Phone #



Attachment  
600 236 50  
111 413

*Riviera Country Club #*

2006 Not-For Profit- Corporation  
Annual Report  
Additions to Officers and Directors

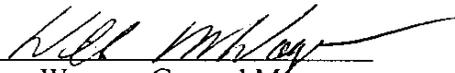
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Title: Director  
Name: Agustin R. Arellano  
Street Address: 1155 Blue Road  
City-State-Zip: Coral Gables, FL 33146

Title: Director  
Name: Joseph P. Lacher  
Street Address: 1155 Blue Road  
City-State-Zip: Coral Gables, FL 33146

Title: Director  
Name: Jo-Ann Titley  
Street Address: 1155 Blue Road  
City-State-Zip: Coral Gables, FL 33146

Title: Director  
Name: G. Ed Williamson II  
Street Address: 1155 Blue Road  
City-State-Zip: Coral Gables, FL 33146

  
\_\_\_\_\_  
William Wagner, General Manager