2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90214 017 ****61.25

DOCUMENT # 714935

1. Entity Name
RIVIERA APTS SOUTH INC OF HALLANDALE

40081360

Principal Place of Business	Mailing Address
2097 S. OCEAN DR. HALLANDALE, FL 33009	2097 S. OCEAN DR. HALLANDALE, FL 33009

03232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1863388 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRIER, JACQUES
21231 NE 3RD CT
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CALVO, ANTHONY 2097 S OCEAN DR. HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST ZIP	V FIMMANO, DELORES 2097 S OCEAN DR. HALLENDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPT AGNES BARNA 2097 S OCEAN DR. HALLANDALE, FL 33009 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S CARRIER, JACQUES 2097 S OCEAN DR HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FIMMANO, FRANK 2097 S OCEAN DR. HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BARBARA MADI 2097 S OCEAN DR HALLANDALE FL 33009 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GONZALES, ALMA 2097 S OCEAN DR. HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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: _____ 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #