

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714935

FILED
Aug 04, 2009
Secretary of State

Entity Name: RIVIERA APTS SOUTH INC OF HALLANDALE

Current Principal Place of Business:

2097 S. OCEAN DR.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

PO BOX 630280
MIAMI, FL 33163

New Mailing Address:

FEI Number: 59-1863388 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALVO, ANTHONY
Address: 2097 S OCEAN DR.
City-St-Zip: HALLANDALE, FL 33009 US

Title: VPT () Delete
Name: AGNES, BARNA
Address: 2097 S OCEAN DR
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: CARRIER, JACQUES
Address: 2097 S OCEAN DR.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: MADI, BARBARA
Address: 2097 S OCEAN DR
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACQUES CARRIER

D

08/04/2009

Electronic Signature of Signing Officer or Director

Date