FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

748839

(8)

RIVIERA VILLAS CONDOMINIUM ASSOCIATION, INC.

| Principal Place | e of Business | Mailing Address | ddress | | | 1 105111 (401) 41677 16101 10103 (41) 1014 61011 41011 61011 61011 61011 61011 | | | |
|--|---------------------------|----------------------------|---|--------------------|-------------------------|--|---|-----|--|
| 1220-71ST ST. MIAMI BEACH FL 33141 | | | 1220 71 ST STREET BOX 1 MIAMI BEACH FL 33141-3675 | | | | | | |
| | | | U\$ | 001410010 | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 09/10/1979 02/09/1996 | | |
| 2. Principal Pr | lace of Business | | 2a. Mailing Address | | | ····· | 4. FEI Number Applied For | | |
| 21 | | | 26 | | | | 59-0552071 Not Applicab | ole | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired 58.75 Additional Fee Required | | |
| City & State | е | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | | 28 | | | | Trust Fund Contribution Added to Fees | | |
| Zip | ⊢ ' | h1 ' | Zip Country | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | |
| | y, Maille and | Address of Cure | ut Magistered Agent | | 61 | Name | 10, name and Address of New Registerso Agent | | |
| DEI CAD | O COTOLA | | | | | | | | |
| 1220-719 | o, estela et et | | | | 82 | Street Ac | Address (P.O. Box Number is Not Acceptable) | | |
| MIAMI BEACH FL 33141 | | | | | 83 | | | | |
| | | | | | 84 | City | 85 Zip Code | | |
| 44 Purcuant | to the provisions | of Spetions 617 06 | 12 and 617 1509 Flori | da Statutas t | ba abau | named or | corporation submits this statement for the purpose of changing its registers | | |
| office or r | egistered agent, | or both, in the State | of Florida. Such char | nge was auth | orized by | the corpo | corputation's board of directors. I hereby accept the appointment as registered | ľ | |
| | | no accept the off | Jan Specific 17 | ESTELA | DEL | GADO | · | | |
| SIGNATURE . | | nted name of registered at | W X 110 | | | | required when reinstating) FEBRUARY 0.7, 1.997 | - | |
| 12. | | OFFICERS AN | ID DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | _ | |
| TITLE | PD | | | ELETE | 1.1 TITLE | | ☐ Change ☐ Additi | on | |
| NAME | BOLOGNEZ, | | | | 1,2 NAME | | | | |
| STREET ADDRESS | 1220-71ST S | ST. | | | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEAC | H FL 33141 | | | 1.4 CITY - \$ | 1-21P | | | |
| TITLE | VD V | | ∐ 0 | ELETE | 2.1 TITLE |] | ☐ Change ☐ Addini | DF1 | |
| NAME | MAGINA, JO | | | i | 2.2 NAME | | · · | | |
| STREET ADDRESS | 1220-71ST S | | | 2.3 STREET ADDRESS | | | | | |
| CHTY-ST-ZIP | MIAMI BEAC | H FL 33141 | | | 2. 4 CITY- | ST-ZIP | | | |
| TITLE | SD | | ا اسا | ELETE | 3.1 TITLE | - 1 | ☐ Change ☐ Additi | QΠ | |
| NAME | DELGADO, E | | | | 3.2 NAME | | | | |
| STREET ADDRESS | 1220-71ST S | | | | 3.3 STREET | 1 | · · | | |
| CITY-ST-ZIP | MIAMI BEAC | H FL 33141 | 775 | ELETÉ | 3.4. CITY - 5 | ST-ZIP | ☐ Change ☐ Additi | | |
| TITLE | TD | 40.1 | با ليبا | EFEIE | 4.1 TITLE | | Change L. Additi | UN | |
| NAME | JORGE, NEY | | | | 4. 2 NAME | | | | |
| STREET ADDRESS | 1220-71ST S | | | ŀ | 4.3 STREET | - 1 | | | |
| CITY - ST - ZIP | MIAMI BEAC | M FL 33141 | \$2 00 | FLETE | 4.4 CITY-S | T-ZIP | ☐ Change ☐ Additi | on | |
| TITLE | N CORED A | IEDV | ∘ احر | LLLIL | 5.1 TITLE | - | I Citatigo Li Modili | WII | |
| NAME expect applicac | ALCOBER, N | | | | 5.2 NAME | ADDECC | | | |
| STREET ADDRESS | 1220-71ST S MIAMI BEAC | | | | 5.3 STREET | 1 | | | |
| CITY-ST-ZIP TITLE | MIAMI DEAU | T FL 33191 | 11 n | ELETE | 5.4 CITY-S 6.1 TITLE | I-ZIP | ☐ Change ☐ Additi | on | |
| NAME | | | | | 6.2 NAME | | Last Activity Last Activity | 211 | |
| STREET ADDRESS | | | | | 6.3 STREET | Annaree | | | |
| STREET ADURESS CITY-ST-2IP | | | | | 6.4 CITY-S | i | | | |
| A111-01-71 | l | | | | 0.5 OH 1 - 3 | L. FIL. | I | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julius Annual Program of Statutes and Program of Statutes and Types of Typ

Daytime Phone # 0029661

FILED

Feb 18 1997 8:00am

Secretary of State