

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
CLERK OF STATE
VISION OF CORPORATION

04 JUN 23 PM 1:30

DOCUMENT # N03000007492 1. Entity Name RIVIERA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11891 U.S. HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408 US				Mailing Address 11891 U.S. HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408 US	
2. Principal Place of Business 550 BILTMORE WAY Suite, Apt. #, etc. SUITE 970 City & State CORAL GABLES, FL		3. Mailing Address 550 BILTMORE WAY Suite, Apt. #, etc. SUITE 970 City & State CORAL GABLES, FL			
Zip 33134		Country MIAMI-DADE		4. FEI Number 36-453840A	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
6. Name and Address of Current Registered Agent HACKNEY, ROBERT C ESQ. 11891 U.S. HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 HACKNEY, ROBERT C <input checked="" type="checkbox"/> Delete 11891 U.S. HIGHWAY ONE, STE. 100 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PEEBLES, R. DONAHUE 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESANTIS, CONRAD J <input checked="" type="checkbox"/> Delete 11891 U.S. HIGHWAY ONE, STE. 100 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAYLOF, RICHARD 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T KENNEDY, PAUL R <input checked="" type="checkbox"/> Delete 11891 U.S. HIGHWAY ONE, STE. 100 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GASKELL, JUDITH 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300038203283 06/23/04--01080--001 **222.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

4/18/04