

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009726

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: RIVE MARSEILLES CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1185 MARSEILLES DRIVE  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

## Current Mailing Address:

C/O LMN  
P.O. BOX 330971  
MIAMI, FL 33133

## New Mailing Address:

C/O LMM  
P.O. BOX 330971  
MIAMI, FL 33133

FEI Number: 20-3520307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.  
C/O LILLIANA M. FARINAS-SABOGAL, ESQ.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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: SOLDI, ROBERT  
Address: 1185 MARSEILLE DRIVE #110  
City-St-Zip: MIAMI BEACH, FL 33141

Title: STD ( ) Delete  
Name: QUINTERO, DIANA  
Address: 1185 MARSEILLE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete  
Name: BIGAYER, DIANNE  
Address: 1185 MARSEILLE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: PISANO, NICHOLAS  
Address: 1185 MARSEILLE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change ( ) Addition  
Name: QUINTERO, DIANA  
Address: PO BOX 830114  
City-St-Zip: MIAMI, FL 33283

Title: VP (X) Change ( ) Addition  
Name: BIGAYER, DIANNE  
Address: 10490 RIO LINDO  
City-St-Zip: DEL RAY BEACH, FL 33446

Title: D (X) Change ( ) Addition  
Name: PISANO, NICHOLAS  
Address: 129 NE 44TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Change (X) Addition  
Name: FRANK, MERLE  
Address: 8636 SW 94TH STREET  
City-St-Zip: MIAMI, FL 33156

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: MELANIE ONDRUSKA

MGR

04/21/2009

Electronic Signature of Signing Officer or Director

Date