

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 14, 2009
Secretary of State

DOCUMENT# N05000012909

Entity Name: RIVIERA PALMS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 330654447 US**New Principal Place of Business:****Current Mailing Address:**11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 330654447 US**New Mailing Address:****FEI Number:** 86-1159581**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBBINS, RUSSELL M ESQ
9690 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 330654046 US**Name and Address of New Registered Agent:**UNITED COMMUNITY MANAGEMENT CORP
11784 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065 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: RENEE CAMPBELL

03/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: NAFTALY, DAVID
Address: 11707 NW 69 PLACE
City-St-Zip: PARKLAND, FL 33076

Title: PD () Delete
Name: USOW, ERON
Address: 3870 LYONS ROAD, UNIT 306
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: SD () Delete
Name: SODERLUND, CYNTHIA
Address: 3870 LYONS ROAD, UNIT 203
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD () Delete
Name: WADE, AARON
Address: 3880 LYONS ROAD, UNIT 309
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D () Delete
Name: BARBER, DENNIS
Address: 3848 LYONS ROAD, UNIT 202
City-St-Zip: COCONUT CREEK, FL 33073 US

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:

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: MARY LOU PLAMER

AGT

03/14/2009

Electronic Signature of Signing Officer or Director

Date