

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001093

FILED
Apr 30, 2008
Secretary of State

Entity Name: RIVERSIDE VISTAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

990 NW 1ST ST
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

990 NW 1ST ST
MIAMI, FL 33128

New Mailing Address:

FEI Number: 20-8548710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, ROBERT M
520 BRICKELL KEY DR STE 0-305
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

HABER, ROBERT M
520 BRICKELL KEY DR STE 0-301
MIAMI, FL 33131 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: ROBERT M. HABER

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FULLER, WILLIAM O
Address: 1020 NW 1ST ST
City-St-Zip: MIAMI, FL 33128

Title: VD () Delete
Name: PINILLA, MARTIN A II
Address: 1020 NW 1ST ST
City-St-Zip: MIAMI, FL 33128

Title: STD () Delete
Name: MAZZEI, VINCENT A II
Address: 1020 NW 1ST ST
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REYNOLDS, FRED
Address: 990 NW 1 STREET, APT. 7
City-St-Zip: MIAMI, FL 33128

Title: VD (X) Change () Addition
Name: FLORES, RUFINO
Address: 990 NW 1 STREET, APT. 10
City-St-Zip: MIAMI, FL 33128

Title: TD (X) Change () Addition
Name: PARADELA, RAMON
Address: 990 NW 1 STREET, APT. 5
City-St-Zip: MIAMI, FL 33128

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: FRED REYNOLDS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date