

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39480**

1. Entity Name

**THE RIVIERA AT CORAL LAKES CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135TH AVE.  
MIAMI, FL 33186 US**

Mailing Address

**C/O COURTESY PROPERTY MANAGEMENT  
13250 SW 135TH AVE.  
MIAMI, FL 33186 US**



02102006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0191028**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SKRLD, INC  
201 ALHAMBRA CIR  
STE - 1102  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PO
NAME	GONZALEZ, NORMA
STREET ADDRESS	8650 NW 3 LANE, #8
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	SALADIN, ALBERT
STREET ADDRESS	375 NW 86 COURT #8
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VPOS
NAME	FIGUEROA, LUCIO
STREET ADDRESS	460 NW 86TH PL., #3
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	CHAVARRIA, JORGE
STREET ADDRESS	8650 NW 3 LANE, #5
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	FERNANDEZ, RUDY
STREET ADDRESS	8650 NW 3 LANE, #8
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000485386  
03/22/06-80031-019 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*NORMA GONZALEZ* President 02/28/06 305-269-5145