

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90010 010 ****70.00

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
* Suite, Apt. #, etc.		Suite, Apt. #, etc.			
* City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0191028	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD INC 201 ALHAMORA CIR STE - 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD GONZALEZ, NORMA 8650 NW 3 LANE, #8 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, RUDY 8650 NW 3 LANE # 8 MIAMI FL 33126	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALADIN, ALBERT 375 NW 86 COURT #8 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS FIGUEROA, LUCIO 460 NW 86TH PL., #3 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVARRIA, JORGE 8650 NW 3 LANE, #5 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, RUDY 8650 NW 3 LANE, #8 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an address, with all other like empowered.					
SIGNATURE: <u>NORMA GONZALEZ PRESIDENT</u> DATE: <u>MARCH-28/07</u> DAYTIME PHONE #: <u>305-264-5405</u>					

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