


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39480</b> 1. Entity Name <b>THE RIVIERA AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135TH AVE. MIAMI, FL 33186 US</b>	Mailing Address <b>C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135TH AVE. MIAMI, FL 33186 US</b>
---	---



03072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0191028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**SKRLD INC  
201 ALHAMORA 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U00000873620  
04/10/08-80086-005 70.00**

**10. OFFICERS AND DIRECTORS**

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	TD SALADIN, ALBERT 375 NW 86 COURT #8 MIAMI, FL 33126
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	D FERNANDEZ, RUDY 8650 NW 3 LANE, #8 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 an address, with all other like empowered.

**SIGNATURE:** *NORMA GONZALEZ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/24/08* *305-264-5405*  
Date Daytime Phone #