

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001299

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** THE RIVIERA ARMS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

732 EUCLID AVENUE  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLUE SKY MIAMI  
1680 MICHIGAN AVENUE SUITE 908  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 65-0509496      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUE SKY MIAMI  
1680 MICHIGAN AVE, STE 908  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LABARE, MARTHA  
Address: ONE OLD FULTON STREET  
City-St-Zip: BROOKLYN, NY 11201

Title: D  
Name: CRANE, ROBERT  
Address: 320 CRESTWOOD AVE  
City-St-Zip: TUCKAHOE, NY 10707

Title: D  
Name: PALACIOS, MARIA T  
Address: 9737 NW 41ST ST  
City-St-Zip: MIAMI FL, FL 33178

Title: MGR  
Name: SHEINER, R MAXWELL  
Address: 1680 MICHIGAN AVE, STE 908  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: R MAXWELL SHEINER

MGR

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date