PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032711

1. Corporation Name

RIVIERA DUNES RESORTS, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90082 036 ***150.00

Principal Place	T WEST	Mailing Address 408 7TH STREET WEST PALMETTO FL 34221			
PALMETTO FL 34221 PALMETTO FL 34221				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 04/10/1997	
2. Principal-Pl	lace of Business	2a. Mailing Address/ / 0	- n 111)	4 EEI Number	Applied For
21 5 90	D NABEN B	US 590 HHB	EN BLUD	65-0786551	Not Applicable
22 PALMETTO 27 PALME			TTO	5. Certificate of Status Desired	\$8.75 Additional Fee Required
State و المسونات	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 7 28 7				Trust Fund Contribution	Added to Fees
一つひょう	Country	<u> </u>	Country	8. This corporation owes the current year	ntangible ☐ No
24 39 2	25 (> 1/1	29 54 20 30		Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Currer	it Registered Agent	81 Name	VENSON / TH	1/1
SVENSON, LINDA				70-5-1	CIT
408 7TH STREET WEST				ress (P.O. Box Mumber is Not Acceptable)	N = 1
PALMETTO FL 34221			83	IMCTTA	
			767	01116110	re Zin Code
			84 City	· F	L *5 ぞりつン
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered age		egistered Agent signature require		AND DIDECTORS IN 40
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	DP UNDA	☐ DELETE	1.1 TITLE		
NAME	SVENSON, LINDA		1.2 NAME		Ì
STREET ADDRESS	408 7TH STREET WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	DST WALL SIDNEY	C Deceie			
NAME	Wall, Sidney 408 7th Street West		2.2 NAME		
STREET ADDRESS	PALMETTO FL 34221		2.3 STREET ADDRESS		
CITY-ST-ZIP	DVP	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE NAME	FERNANDEZ, MICHAEL		3.2 NAME		
STREET ADDRESS	408 7TH STREET WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		ł
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		·

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE,

MINIOR LA VILINGE SIGNING OFFICER OR DIRECTOR

1-26-99 941-722-2690 Date Dayline Phone #

3R2E034 (11/98