

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90079 045 ****61.25

DOCUMENT # 728586

1. Entity Name
RIVIERA GOLF ESTATES CONDOMINIUM UNIT #1, INC.

Principal Place of Business 325 CHARLEMAGNE BLVD. C 100 NAPLES FL 33962	Mailing Address 325 CHARLEMAGNE BLVD. C 100 NAPLES FL 33962
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1724908	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CHRISTENSEN, MENTOR H.
 325 CHARLEMAGNE BL. #109C
 NAPLES FL 33962**

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.
 SIGNATURE *Laurence A. Robideau* DATE **Feb. 23, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTENSEN, MENTOR <input type="checkbox"/> Delete 325 CHARLEMAGNE #109C NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete ROCHE, JR JOHN 325 CHARLEMAGNE BLVD SUITE 101B NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete CHRISTENSEN, VINCENT 325 CHARLEMAGNE #103B C-103 NAPLES, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BAIRD, HELEN B. 325 CHARLEMAGNE #105C NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete STINSON, ROBERT 325 CHARLEMAGNE #203C NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete LAVERY, JAMES 325 CHARLEMAGNE BLVD 202B NAPLES FL 34112

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAWRENCE ROBIDEAU 325 CHARLEMAGNE BLVD. 208 B NAPLES. FL. 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MENTOR CHRISTENSEN 325 CHARLEMAGNE BLVD. 209 C NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT DONAHUE 325 CHARLEMAGNE BLVD. 208 C NAPLES, FL. 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VINCENT CHRISTENSEN 325 CHARLEMAGNE 103 C NAPLES, FL. 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Laurence A. Robideau* Date **2/23/2001** (941) 417-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)