

**2002 UNIFORM BUSINESS REPORT (UBR)**

-4/1

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90041 034 \*\*\*\*61.25

**DOCUMENT # 728586**

1. Entity Name

**RIVIERA GOLF ESTATES CONDOMINIUM UNIT #1, INC.**

Principal Place of Business

Mailing Address

325 CHARLEMAGNE BLVD. C 100  
 NAPLES FL 33962

325 CHARLEMAGNE BLVD. C 100  
 NAPLES FL 33962



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1724908**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

~~CHRISTENSEN, MENTOR H~~ **LAWRENCE A. ROBIDEAU**  
~~325 CHARLEMAGNE BLVD. #103C~~ **325 CHARLEMAGNE BLVD.**  
~~NAPLES FL 33962~~ **B 208**  
**NAPLES, FL. 34112**

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.

**5/23/02**

SIGNATURE

*Lawrence A. Robideau*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBIDEAU, LAWRENCE	
STREET ADDRESS	325 CHARLEMAGNE BLVD., 208 B	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, MENTOR	
STREET ADDRESS	325 CHARLEMAGNE BLVD., 209 C	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DONAHUE, ROBERT	
STREET ADDRESS	325 CHARLEMAGNE BLVD., 209 C	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAIRD, HELEN B.	
STREET ADDRESS	325 CHARLEMAGNE #105C	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, VINCENT	
STREET ADDRESS	325 CHARLEMAGNE BLVD., #103 C	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIDEAU, LAWRENCE	
STREET ADDRESS	325 CHARLEMAGNE BLVD. 208B	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Scott	
STREET ADDRESS	325 Charlemagne Blvd. 204-B	
CITY-ST-ZIP	Naples, Fl. 34112	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, ROBERT	
STREET ADDRESS	325 CHARLEMAGNE BLVD. 209C	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN B. BAIRD	
STREET ADDRESS	325 CHARLEMAGNE BLVD. 105C	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, VINCENT	
STREET ADDRESS	325 CHARLEMAGNE BLVD. 103C	
CITY-ST-ZIP	NAPLES, FLORIDA 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Lawrence A. Robideau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/23/02**  
Date

**(239) 417-0911**  
Daytime Phone #

CR2E037 (9/01)