

2005 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90040 040 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1724908

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBIDEAU, LAWRENCE
 325 CHARLEMAGNE BL. 208B
 NAPLES FL 33962

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donald J. Hubbard

2-2-05

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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" 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	SCOTT, ROBERT	
STREET ADDRESS	325 CHARLEMAGNE BLVD. 209C	
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 checked="" 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	DUKES, WILLIAM	
STREET ADDRESS	325 CHARLEMAGNE BLVD A203	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD HUBBARD	
STREET ADDRESS	325 CHARLEMAGNE BLVD C-103	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BREEN	
STREET ADDRESS	325 CHARLEMAGNE BLVD. B-209	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWLES, NANCY	
STREET ADDRESS	325 CHARLEMAGNE BLVD A-100	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAYLOR, GORDON	
STREET ADDRESS	325 CHARLEMAGNE BLVD A-102	
CITY-ST-ZIP	NAPLES, FL 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:

Donald J. Hubbard

2-2-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #