

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90030 008 ****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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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

7. Name and Address of New Registered Agent

Name **DONALD J. HUBBARD**

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

325 CHARLEMAGNE BLVD 100 C

City

NAPLES

FL

Zip Code

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

SIGNATURE Donald J. Hubbard DONALD J. HUBBARD, PRES.

1-24-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PD Delete
NAME HUBBARD, DONALD
STREET ADDRESS 325 CHARLEMAGNE BLVD C-103
CITY-ST-ZIP NAPLES FL 34112

TITLE VD Delete
NAME BREEN, ROBERT
STREET ADDRESS 325 CHARLEMAGNE BLVD B-209
CITY-ST-ZIP NAPLES FL 34112

TITLE SD Delete
NAME DONAHUE, ROBERT
STREET ADDRESS 325 CHARLEMAGNE BLVD., 209 C
CITY-ST-ZIP NAPLES FL 34112

TITLE TD Delete
NAME BOWLES, NANCY
STREET ADDRESS 325 CHARLEMAGNE BLVD A-100
CITY-ST-ZIP NAPLES FL 34112

TITLE D Delete
NAME KAYLOR, GORDON
STREET ADDRESS 325 CHARLEMAGNE BLVD A-102
CITY-ST-ZIP NAPLES FL 34112

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Change Addition
NAME Fogler, Kathy
STREET ADDRESS 326 Charlemagne Blvd. A-200
CITY-ST-ZIP Naples, FL 34112

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

DONALD J. HUBBARD

1-24-06

239-793-5330