

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728586

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

325 CHARLEMAGNE BLVD. C 100
NAPLES, FL 33962

New Principal Place of Business:

325 CHARLEMAGNE BLVD. C 100
NAPLES, FL 34112

Current Mailing Address:

325 CHARLEMAGNE BLVD. C 100
NAPLES, FL 33962

New Mailing Address:

325 CHARLEMAGNE BLVD. C 100
NAPLES, FL 34112

FEI Number: 59-1724908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGLER, KATHY
325 CHARLEMAGNE BLVD
SUITE 100C
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUBBARD, DONALD
Address: 325 CHARLEMAGNE BLVD C-103
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: BREEN, ROBERT
Address: 325 CHARLEMAGNE BLVD B-209
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: DONAHUE, ROBERT
Address: 325 CHARLEMAGNE BLVD., 209 C
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: FOGLER, KATHY
Address: 325 CHARLEMAGNE BLVD A-200
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: KAYLOR, GORDON
Address: 325 CHARLEMAGNE BLVD A-102
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY FOGLER

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date