

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90091 035 ****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 **325 CHARLEMAGNE BLVD. C 100**
NAPLES FL 33962 **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

4. FEI Number **59-1724908** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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 *Lawrence A. Robideau*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/17/03
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 Florida 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 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 type="checkbox"/> Delete
NAME	BAIRD, HELEN B.	
STREET ADDRESS	325 CHARLEMAGNE #105C	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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*

1/17/03

CR2E037 (10/02)