

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90979 019 \*\*\*\*70.00

**DOCUMENT # NO1000000435**

1. Entity Name

**LE RIVAGE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business 7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434	Mailing Address 7777 GLADES ROAD, SUITE 310 BOCA RATON FL 33434
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1086101

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARONE, THEODORE T JR.  
 1665 PALM BEACH LAKES BLVD, SUITE 600  
 WEST PALM BEACH FL 33401

Name Robert J. Schmier  
 Street Address (P.O. Box Number Is Not Acceptable)  
7777 Glades Rd #310  
 City Boca Raton FL Zip Code 33434

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.

SIGNATURE

*[Signature]*

2/22/02

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SCHMIER, ROBERT J</b>
STREET ADDRESS	<b>7777 GLADES ROAD, SUITE 310</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FEURRING, DOUGLAS</b>
STREET ADDRESS	<b>7777 GLADES ROAD, SUITE 310</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GREENBERG, LEONARD</b>
STREET ADDRESS	<b>11500 ECLAIR RANCH ROAD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 which I am empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)