


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000435

1. Entity Name
LE RIVAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address


7777 GLADES ROAD, SUITE 310 **7777 GLADES ROAD, SUITE 310**
BOCA RATON FL 33434 **BOCA RATON FL 33434**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc

City & State City & State

Zip Zip Country Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For

65-1086101 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIER, ROBERT J
777 GLADES RD
#310
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

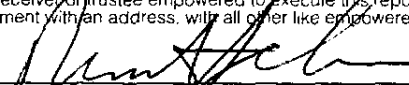
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	SCHMIER, ROBERT J	
STREET ADDRESS	7777 GLADES ROAD, SUITE 310	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	FEURRING, DOUGLAS	
STREET ADDRESS	7777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

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04/23/04-80074-020 70.00

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:  **Robert J. Schmier** Date: **4/22/04** Daytime Phone #: **561-483 8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR