


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000435

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

DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 65-1086101

Applied For
 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

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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 _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000344232
 04/29/05-80129-003 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIER, ROBERT J 7777 GLADES ROAD, SUITE 310 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEURRING, DOUGLAS 7777 GLADES ROAD, SUITE 310 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENBERG, LEONARD 11500 EL CLAIR RANCH RD. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **Director** April 28, 2005 561-483-8400

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert J. Schmier