


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90035 006 \*\*\*\*61.25

**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**

40008471

2. Principal Place of Business - No P.O. Box #  
**c/o Quality Management**

3. Mailing Address  
**c/o Quality Management**

Suite, Apt. #, etc.  
**P.O. Box 970878**

Suite, Apt. #, etc.  
**P.O. Box 970878**



01082007 Chg-NP CR2E037 (12/06)

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

Zip  
**33497**

Country  
**USA**

Zip  
**33497**

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**

7. Name and Address of New Registered Agent

Name **SACHS & SAX**

Street Address (P.O. Box Number is Not Acceptable)  
**301 YAMATO ROAD Suite 4150**

City **BOCA RATON** FL Zip Code **33431**

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 *[Signature]* **Floris Caplan To Sachs and Sax**

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Louise Fawzi 17165 Avenue Le Rivage Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Miriam Daez 17107 Avenue Le Rivage Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Charles Dae 17162 Avenue Le Rivage Boca Raton, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* **Louise Fawzi** Date **1-17-07**

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