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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005127

1. Corporation Name
LE RIVAGE ASSOCIATION, INC.

Principal Place of Business 4351 GULF SHORE BLVD. N NAPLES FL 34103 US	Mailing Address 4351 GULF SHORE BLVD. N NAPLES FL 34103 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/08/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0482036
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FREY, EUGENE U
4351 GULF SHORE BLVD. N
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLIFFORD, ROBERT	
STREET ADDRESS	1660 BALMORAL CIRCLE	
CITY-ST-ZIP	INVERNESS IL 60067	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HERMAN, DONALD J	
STREET ADDRESS	4351 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREY, EUGENE	
STREET ADDRESS	4351 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, HANS	
STREET ADDRESS	4351 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARLOW, JOHN	
STREET ADDRESS	4351 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> DELETE
NAME	<i>Hans Levy</i>	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>P STRIANO, PETER</i>	
1.3 STREET ADDRESS	<i>4351 GULF SHORE BLVD. N</i>	
1.4 CITY-ST-ZIP	<i>NAPLES FL 34103</i>	
2.1 TITLE	<i>PD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>MOAVENI, KHOSROW</i>	
2.3 STREET ADDRESS	<i>4351 GULF SHORE BLVD. N</i>	
2.4 CITY-ST-ZIP	<i>NAPLES FL 34103</i>	
3.1 TITLE	<i>S</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>FREY, EUGENE</i>	
3.3 STREET ADDRESS	<i>4351 GULF SHORE BLVD. N</i>	
3.4 CITY-ST-ZIP	<i>NAPLES, FL 34103</i>	
4.1 TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>LEVY, HANS</i>	
4.3 STREET ADDRESS	<i>4351 GULF SHORE BLVD. N</i>	
4.4 CITY-ST-ZIP	<i>NAPLES, FL 34103</i>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Hans Levy* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99
Date Daytime Phone #

CR2E037 (1/198)