
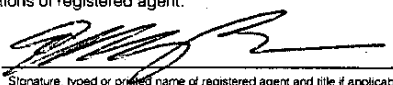
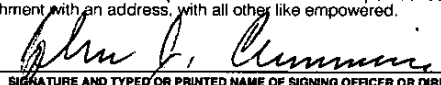


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90025 015 \*\*\*\*61.25

<b>DOCUMENT # N93000005127</b>					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0482036	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
S. JAY STEWART 4351 GULF SHORE BLVD. N. NAPLES, FL 34103			Name <u>E. MICHAEL BROWN</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>4351 GULF SHORE BLVD</u>		
			City <u>NAPLES</u> FL Zip Code <u>34103</u>		
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 			DATE <u>4/1/05</u>		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEFFEN, CHRISTOPHER		NAME		
STREET ADDRESS	4351 GULF SHORE BLVD. N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, S JAY		NAME		
STREET ADDRESS	4351 GULF SHORE BLVD. N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LIPPERT, MARCHA J		NAME	<u>VANDERSLICE, THOMAS</u>	
STREET ADDRESS	4351 GULF SHORE BLVD. N		STREET ADDRESS	<u>4351 GULF SHORE BLVD. N.</u>	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	<u>NAPLES, FL 34103</u>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, E MICHAEL		NAME		
STREET ADDRESS	4351 GULF SHORE BLVD. N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUMMINS, JOHN J		NAME		
STREET ADDRESS	4351 GULF SHORE BLVD. N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: 			Date: <u>04/04/05</u>		Daytime Phone #: <u>(239) 649-7356</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #