


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005127

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
--	--



02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0482036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, E. MICHAEL
 4351 GULF SHORE BLVD. N.
 NAPLES, FL 34103**

DO NOT WRITE IN THIS SPACE

6. 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, 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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEFFEN, CHRISTOPHER 4351 GULF SHORE BLVD. N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, S JAY 4351 GULF SHORE BLVD. N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANDERSLICE, THOMAS 4351 GULF SHORE BLVD. N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, E MICHAEL 4351 GULF SHORE BLVD. N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUMMINS, JOHN J 4351 GULF SHORE BLVD. N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000444749
 03/07/06-80015-002 61.25

DO NOT WRITE IN THIS SPACE

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:  **2/20/06** 239-435-1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #