


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 018 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

40010000



03162007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0482036

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

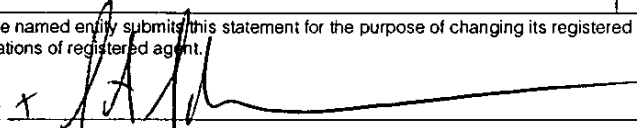
7. Name and Address of New Registered Agent

Name **STEVE SCHANPEGA**

Street Address (P.O. Box Number is Not Acceptable)
4351 GULF SHORE BLVD. N.

City **NAPLES** FL Zip Code **34103**

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 **3/26/07**

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

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	T	<input type="checkbox"/> Delete
NAME	STEFFEN, CHRISTOPHER	
STREET ADDRESS	4351 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART, S JAY	
STREET ADDRESS	4351 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	WANDERSLICE, THOMAS	
STREET ADDRESS	4351 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, E MICHAEL	
STREET ADDRESS	4351 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	S	<input type="checkbox"/> Delete
NAME	CUMMINS, JOHN J	
STREET ADDRESS	4351 GULFSHORE BLVD. N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE **3/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR