


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90055 015 ****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
 Zip Country



04072008 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

SCHARPEGER, STEVE
4351 GULF SHORE BLVD. N.
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 Steve Schapeger **STEVE SCHARPEGER** 4/11/08
Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: LOWE, BARBARA STREET ADDRESS: 4351 GULF SHORE BLVD. N. CITY-ST-ZIP: NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP NAME: VIVIANO, JOSEPH STREET ADDRESS: 4351 GULF SHORE BLVD. N. CITY-ST-ZIP: NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME: KLEBAN, ALBERT STREET ADDRESS: 4351 GULF SHORE BLVD. N. CITY-ST-ZIP: NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<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: Christopher Steffen **CHRISTOPHER STEFFEN** 4/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

229-435-1437