## **2003 NOT-FOR-PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N93000005127

1. Entity Name					05-01-2003 90254 028 ****61.25			
LE RIVAG	E ASSOCIATION, INC.							
			C/	TIME!				
Principal Place of Business Mailing Address								
4351 GULF SHORE BLVD. N NAPLES FL 34103 US		4351 GULF SHORE BLVD. N						
		Naples FL 34103 Us						
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address		14444			
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.					
Suite, Apt. #, etc.		Suite, Apr. #, ote.			CHECK HERE IF MAKING	3 CHANGES		
City & Stat	e	City & State		4. FEI Number 6	4. FEI Number 65-0482036 Applie		plied For	
7	<del></del>	<del> </del>	077 5			<del></del>	ot Applicable	
Zip		Zip	- Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	<del>-     -                                </del>	7. Name and Add	iress of New Registered			
Nama					Jay Stewart			
FREY, EUGENE U				Address (P.O. Box Number is Not Acceptable)				
	LF SHORE BLVD. N		<u>.</u> ,	4351 Gulf 3	Shore Blud	<i>N</i> .		
NAPLES FL 34103			<u> </u>					
•			City	Naples	FL	Zip Code	103	
P; The above	named entity submits this statement for	the purpose of changing its re	egistered office o	<del></del>	the State of Florida. I am			
	tions of registered agent.	1					. (	
,	A. Non Atom	nót			Aga 2	5 200	2	
SIGNATURE	Signature, typed or prison name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signs	ture required when reinstating)	DATE	, 200	<del>_</del>	
				and the state of t	1			
	FU F NOW, FEE 10 604 05	9. Election Camp	paign Financing	\$5.00 May Be	Make Check	k Pavable	to	
	FILE NOW: FEE IS \$61.25		Trust Fund Contribution.		Added to Fees Florida Department of State			
40	OFFICERS AND DIE	FCTORO		ADDITIONS (OLIANIS	ES TO OFFICERS AND DI	DEOTODO IN		
TITLE	OFFICERS AND DIF	Delete	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI	Change	Addition	
NAME	REILING, WILLIAM	□ Delete	NAME	1		C Criange		
STREET ADDRESS	4351 GULF SHORE BLVD. N		STREET ADDRESS				ļ	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP					
TITLE	SD_		TITLE	minus in such		_ Change	Addition _	
NAME STREET ADDRESS	STEWART, S JAY		NAME STREET ADDRESS	!				
CITY-ST-ZIP	4351 GULF SHORE BLVD. N NAPLES FL 34103		CITY-ST-ZIP	•				
TITLE	VPD	<b>⊠</b> Delete	TITLE	Director		Change	Addition	
NAME	FREY, EUGENE	<b></b>	NAME	_	ppert		<b>,</b>	
STREET ADDRESS	4351 GULF SHORE BLVD. N		STREET ADDRESS	Marcha J. Li 4351 Gulf She	re Blue N.		(	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	Naples F1 3	34103			
TITLE	TD	Delete	TITLE	VP, Treas		Change	☐ Addition	
NAME STREET ADDRESS	BROWN, E MICHAEL		NAME STREET ADDRESS					
CITY-ST-ZIP	4351 GULF SHORE BLVD. N NAPLES FL 34103		CITY-ST-ZIP				}	
TITLE	D.	<b>⊠</b> Delete	TITLE	3 Director		☐ Change	(X) Addition	
NAME	BARLÓW, JOHN	E-3 Dolete	NAME	John J. Cum	.w.i n <			
STREET ADDRESS	4351 GULFSHORE BLVD. N	•	STREET ADDRESS	4351 GWF SH	ore Blud N 1	95		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	Naples 41 3	4103			
		☐ Delete	TITLE			☐ Change	☐ Addition	

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

May 01, 2003 8:00 am § Secretary of State