

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005127

**Entity Name:** LE RIVAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

4351 GULF SHORE BLVD N  
NAPLES, FL 34103

**Current Mailing Address:**

4351 GULF SHORE BLVD N  
NAPLES, FL 34103 US

**FEI Number:** 65-0482036

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SECRETARY  
Name LEKANDER, PEGGY  
Address 4351 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name STRIANO, PETER  
Address 4351 GULF SHORE BLVD N #9N  
City-State-Zip: NAPLES FL 34103

Title VP  
Name PARO, VALERIE  
Address 4351 GULF SHORE BLVD N #8N  
City-State-Zip: NAPLES FL 34103

Title T  
Name CARLILE, STEVE  
Address 4351 GULF SHORE BLVD N 7S  
City-State-Zip: NAPLES FL 34103

Title PRESIDENT  
Name STEFFEN, CHRIS  
Address 4351 GULF SHORE BLVD N #12S  
City-State-Zip: NAPLES FL 34103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE CARLILE

**TREASURER**

**03/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date