

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

04-21-2003 91063 033 ****61.25

DOCUMENT # 715721

1. Entity Name
LA VILLA RIVIERA OF NAPLES, INC.



Principal Place of Business
**1930 GULF SHORE BLVD N.
NAPLES FL 34102-4606
US**

Mailing Address
**1930 GULF SHORE BLVD N.
NAPLES FL 34102-4606
US**

2. Principal Place of Business

3. Mailing Address
2335 9th St. N. Ste

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 505

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34103

Collier

4. FEI Number **59-1291116**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GULF VIEW PROPERTY MANAGEMENT INC
2335 9TH STREET NORTH #504
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

Ste 505

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **D** Delete
NAME **REID, PETE**
STREET ADDRESS **1930 GULF SHORE, BLVD N #A302**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **PD** Delete
NAME **PETERSON, PAT**
STREET ADDRESS **33201 LAKEVIEW AVE**
CITY-ST-ZIP **OWAGNIAC MI 49047**

TITLE **VPD** Delete
NAME **MCLEAN, JOHN**
STREET ADDRESS **1930 GULF SHORE BLVD N #C201**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **TD** Delete
NAME **RUSSO, RON**
STREET ADDRESS **1930 GULF SHORE BLVD -N**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **SD** Delete
NAME **SICHKO, JOSEPH**
STREET ADDRESS **1930 GULF SHORE BLVD. N. #C302**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Change Addition
NAME **Goodbrake, Thomas**
STREET ADDRESS **2100 Gulfshore Blvd. N. #207**
CITY-ST-ZIP **Naples, FL. 34102**

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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pete Reid **PETE REID**
Date **4-17-03** Daytime Phone # **239-463-7991**

CR2E037 (10/02)