


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 06, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # 728586</b> 1. Entity Name <b>RIVIERA GOLF ESTATES CONDOMINIUM UNIT #1, INC.</b>	
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Principal Place of Business <b>325 CHARLEMAGNE BLVD. C 100 NAPLES FL 33962</b>	Mailing Address <b>325 CHARLEMAGNE BLVD. C 100 NAPLES FL 33962</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State  Zip Country	City & State  Zip Country	4. FEI Number <b>59-1724908</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>FOGLER, KATHY 325 CHARLEMAGNE BLVD SUITE 100C NAPLES FL 34112</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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**B.** 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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBBARD, DONALD 325 CHARLEMAGNE BLVD C-103 NAPLES FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000817725 02/15/08-80014-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BREEN, ROBERT 325 CHARLEMAGNE BLVD B-209 NAPLES FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONAHUE, ROBERT 325 CHARLEMAGNE BLVD., 209 C NAPLES FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOGLER, KATHY 325 CHARLEMAGNE BLVD A-200 NAPLES FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYLOR, GORDON 325 CHARLEMAGNE BLVD A-102 NAPLES FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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: *Kathy Fogler* *Kathy Fogler* 2-2-08 239-775-0966