

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90166 030 \*\*\*\*61.25

**DOCUMENT # 741978**

1. Entity Name  
RIVERGATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1661 EDITH ESPLANADE  
CAPE CORAL, FL 33904 US

Mailing Address  
P.O. BOX 100831  
CAPE CORAL, FL 33990 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1519336

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEAGUE, GEORGE  
PROFESSIONALLY YOURS, INC  
8270 COLLEGE PKWY, # 103  
FORT MYERS, FL 33919

Name

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

2503 Del Prado Blvd. #500

City Cape Coral

FL

Zip Code 33904

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME HURST, ELSA  
STREET ADDRESS 1671 EDITH ESPLANADE #208  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME ELLS, LORRAINE  
STREET ADDRESS 1661 EDITH ESPLANADE #101  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME IRWIN, ROBERT  
STREET ADDRESS 1671 EDITH ESPLANADE #206  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME BENOIT, MARIE  
STREET ADDRESS 1671 EDITH ESPLANADE #206  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☒ Addition  
NAME Sec. Diane Schulte  
STREET ADDRESS 1669 Edith Esplanade #207  
CITY-ST-ZIP Cape Coral, FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Diane Schulte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #