


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 020 ****61.25

DOCUMENT # 742390 1. Entity Name RIVIERA GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business RIVIERA GOLF ESTATES 425 CHARLEMAGNE BLVD. NAPLES, FL 34112			Mailing Address C/O INTEGRATED PROPERTY MGMT. 3435 -10TH ST. N. #201 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		03122008 Chg-NP		CR2E037 (12/06)	
4. FEI Number 59-2678506				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMOUCÉ, ROBERT 5405 PARK CENTRAL CT NAPLES, FL 34109			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	D RING, JOSEPH 701 CHARLEMAGNE BLVD NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Bulat, Leonard 117 Bordeaux Circle Naples, FL 34112	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VD RICKERT, JERRY 109 CHARMONIX CT NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Brennan, Charlie 535 Charlemagne Bh Naples, FL 34112	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GELSOMINI, DAVID 104 BORDEAUZ CT NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Furgasso, Joe 112 Belle Isle Circle Naples, FL 34112	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OTERI, TONY 100 BORDEAUX CIR BRADENTON, FL 342112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kean, Bruce 104 Brittany Court Naples, FL 34112	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONOVAN, MICHAEL 120 CHAMPAGNE CT NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Romano, Shirley 829 Charlemagne Blvd Naples, FL 34112	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RANDAZZO, KAY 126 CALAIS COURT NAPLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Randazzo, Kathryn 126 Calis Court Naples, FL 34112	
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: <i>Leonard Bulat</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-13-08 <small>Date</small>		239-725 0937 <small>Daytime Phone #</small>