2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 742390

FILED
Sep 28, 2009
Secretary of State

Entity Name: RIVIERA GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

RIVIERA GOLF ESTATES
425 CHARLEMAGNE BLVD.
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT.
3435 -10TH ST. N. #201
NAPLES, FL 34103

New Mailing Address:

3701 NORTH TAMIAMI TRAIL
NAPLES, FL 34103

FEI Number: 59-2678506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMOUCE, ROBERT
5405 PARK CENTRAL CT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BULAT, LEONARD
Address: 117 BORDEAUX CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: 2VD ( ) Delete
Name: RICKERT, JERRY
Address: 109 CHARMONIX CT
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: FURGASSO, JOE
Address: 112 BELLE ISLE CIRCLE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: KEAN, BRUCE
Address: 104 BRITTANY COURT
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: ROMANO, SHIRLEY
Address: 829 CHARLEMAGNE BLVD
City-St-Zip: NAPLES, FL 34112

Title: DVP ( ) Delete
Name: RANDAZZO, KATHRYN
Address: 126 CALIS COURT
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COMPASS GROUP MGR 09/28/2009

Electronic Signature of Signing Officer or Director Date