

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2009
Secretary of State**

DOCUMENT# 742580

Entity Name: RIVIERA GOLF ESTATES CONDOMINIUM UNIT #3, INC.

Current Principal Place of Business:

401 CHARLEMAGNE BLVD
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

401 CHARLEMAGNE BLVD
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 59-1884901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOTHERINGHAM, ROSE
401 CHARLEMAGNE BLVD
205A
NAPLES, FL 34112 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: JOHN JOANIDES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRUPPUSO, VINCENT
Address: 401 CHARLEMAGNE BLVD
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: FOTHERINGHAM, ROSE
Address: 401 CHARLEMAGNE BLVD
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: GRUPPUSO, VINCENT
Address: 401 CHARLEMAGNE BLVD
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: SZAFRANOWSKI, LISA
Address: 401 CHARLEMAGNE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: LOEWEN, DONALD
Address: 401 CHARLEGMAGNE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: LOEWEN, DONALD
Address: 401 CHARLEMAGNE BLVD
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
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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: DON LOWDEN

TD

10/20/2009

Electronic Signature of Signing Officer or Director

Date