

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # N9300005127 1. Entity Name LE RIVAGE ASSOCIATION, INC.					04-08-2005 90025 015 ****61.25			.25		
4351 GULF SHORE BLVD. N		Mailing Address 4351 GULF SHORE BLVD. N NAPLES, FL 34103 US			77.6	Sp. 14 14 H				
						1918 6 1111 6 1 115 9 1 11				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-NP	CR2E037	(10/03)		
City & State		City & State			4. FEI Numbe 65-0482			_ —	oplied For	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	ed □ \$	8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered Ag			
C IAV STEMART			Na	Name E. MICHAIL BROWN						
S. JAY STEWART 4351 GULF SHORE BLVD. N. NAPLES, FL 34103			Str	Street Address (P.O. Box Number is Not Acceptable)						
			Cit	y NAY	2230		FL	Zip Cod	פינץ צ ^ם	
8. The above	named entity submits this statement fo	or the purpose of changing its i	egistered off	fice or register	ed agent, or both	h, in the State o		l niliar with,		
SIGNATURE Signature, typed or profess name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating)										
	Signature, typed or prished name of registered agent.	and title if applicable. (NOTE	Registered Agen	it signature required	when reinstating)		_ , DATE	,		
	Signature, typed or profess name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund C	paign Financ		\$5.00 May Bo Added to Fees		Make check p			
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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.

GNATURE:

Officer 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 officer or an attachment with an address, with all other like empowered.

Officer 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 officer or an attachment with an address.