

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 018 ****61.25

DOCUMENT # N93000005127

1. Entity Name
LE RIVAGE ASSOCIATION, INC.



Principal Place of Business
**4351 GULF SHORE BLVD. N
NAPLES, FL 34103 US**

Mailing Address
**4351 GULF SHORE BLVD. N
NAPLES, FL 34103 US**

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

03162007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0482036

Applied For
Not Applicable

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

**BROWN, E. MICHAEL
4351 GULF SHORE BLVD. N.
NAPLES, FL 34103**

Name **STEVE SCHANPEGA**
Street Address (P.O. Box Number is Not Acceptable)
4351 GULF SHORE BLVD. N.
City **NAPLES** FL Zip Code **34103**

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

T ☐ Delete
NAME **STEFFEN, CHRISTOPHER**
STREET ADDRESS **4351 GULF SHORE BLVD. N**
CITY-ST-ZIP **NAPLES, FL 34103**

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

VP ☐ Delete
NAME **STEWART, S JAY**
STREET ADDRESS **4351 GULF SHORE BLVD. N**
CITY-ST-ZIP **NAPLES, FL 34103**

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

D ☐ Delete
NAME **WANDERSLICE, THOMAS**
STREET ADDRESS **4351 GULF SHORE BLVD. N**
CITY-ST-ZIP **NAPLES, FL 34103**

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

P ☐ Delete
NAME **BROWN, E MICHAEL**
STREET ADDRESS **4351 GULF SHORE BLVD. N**
CITY-ST-ZIP **NAPLES, FL 34103**

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

S ☐ Delete
NAME **CUMMINS, JOHN J**
STREET ADDRESS **4351 GULF SHORE BLVD. N**
CITY-ST-ZIP **NAPLES, FL 34103**

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

Daytime Phone #