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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. McLean  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000429 (8)

1. Corporation Name

RIVIERA FEDERATION ASSOCIATION, INC.

Principal Place of Business

354 CHARLEMAGNE BLVD.  
NAPLES FL

Mailing Address

354 CHARLEMAGNE BLVD.  
NAPLES FL 34112-7019

3. Date Incorporated or Qualified  
01/24/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WISEMAN, TAMELA E  
5121 CASTELLO DRIVE  
SUITE 1  
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. CURRENT OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ PRESIDENT  
NAME EDWIN V. AREY  
STREET ADDRESS 354 CHARLEMAGNE BLVD. E103  
CITY-ST-ZIP NAPLES, FLA. 34112

TITLE ☒ SECRETARY  
NAME HENRY WALKER  
STREET ADDRESS 344 CHARLEMAGNE BLVD.  
CITY-ST-ZIP NAPLES, FLA. 34112

TITLE ☒ TREASURER  
NAME DONALD HUBER  
STREET ADDRESS 4360 CHANTRELLE DR.  
CITY-ST-ZIP NAPLES, FLA. 34112

TITLE ☒ ROBERT BUNTIE  
NAME  
STREET ADDRESS 5560 RATTLESNAKE HAMMOCK RD.  
CITY-ST-ZIP NAPLES, FLA. 34113

TITLE ☒ MENTOR CHRISTENSEN  
NAME  
STREET ADDRESS 325 CHARLEMAGNE BLVD  
CITY-ST-ZIP NAPLES, FLA. 34112

TITLE ☒ RICHARD TIBBOTT  
NAME  
STREET ADDRESS 351 CHARLEMAGNE BLVD  
CITY-ST-ZIP NAPLES, FLA. 34112

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

EDWIN V. AREY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 1, 1997 94-043-1092

Daytime Phone 0089837

CR2E037 (9/96)