

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90053 045 ****61.25

DOCUMENT # N96000000429

1. Entity Name
RIVIERA FEDERATION ASSOCIATION, INC.



Principal Place of Business
354 CHARLEMAGNE BLVD.
NAPLES, FL

Mailing Address
354 CHARLEMAGNE BLVD.
NAPLES, FL



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0740085

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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, 2005

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

TITLE PD ☐ Delete
NAME AREY, EDWIN V
STREET ADDRESS 354 CHARLEMAGNE BLVD E103
CITY-ST-ZIP NAPLES, FL 34112

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

TITLE STD ☒ Delete
NAME MALIK, HENRY
STREET ADDRESS 344 CHARLEMAGNE BLVD 203F
CITY-ST-ZIP NAPLES, FL 34112

TITLE STD ☐ Change ☒ Addition
NAME BRIAN McNEAL
STREET ADDRESS 338 CHARLEMAGNE BLVD I-106
CITY-ST-ZIP NAPLES FL 34112

TITLE D ☒ Delete
NAME WAGNER, JAMES
STREET ADDRESS 4530 CHANTELE DR K206
CITY-ST-ZIP NAPLES, FL 34112

TITLE D ☐ Change ☒ Addition
NAME PAUL BARLOW
STREET ADDRESS 4210 CHANTELE DR. A-102
CITY-ST-ZIP NAPLES FL 34112

TITLE D ☒ Delete
NAME POWELL, EUGENE C
STREET ADDRESS 5560 RATTLESNAKE HAMMOCK RD 102L
CITY-ST-ZIP NAPLES, FL 34113

TITLE D ☐ Change ☒ Addition
NAME VIC JANGEL
STREET ADDRESS 5560 RATTLESNAKE HAMMOCK RD M-203
CITY-ST-ZIP NAPLES, FL 34112

TITLE D ☐ Delete
NAME ROBIDEAN, LARRY
STREET ADDRESS 325 CHARLEMAGNE BLVD B208
CITY-ST-ZIP NAPLES, FL 34112

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

TITLE D ☒ Delete
NAME TIBBOTT, RICHARD
STREET ADDRESS 351 CHARLEMAGNE BLVD
CITY-ST-ZIP NAPLES, FL

TITLE D ☐ Change ☒ Addition
NAME PHIL BEELE
STREET ADDRESS 351 CHARLEMAGNE BLVD. A-208
CITY-ST-ZIP NAPLES FL 34112

12. I 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 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

Date

Daytime Phone #

3-27-05 (239) 417-0911