## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N96000000429**

1. Entity Name



## **FILED** Mar 06, 2006 8:00 am Secretary of State

03-06-2006 90008 002 \*\*\*\*61.25

RIVIERA FEDERATION ASSOCIATION, INC.											
354 CHARLEMAGNE BLVD. 354			Mailing Address 354 CHARLEMAGNE I NAPLES, FL	354 CHARLEMAGNE BLVD.							
Principal Place of Business     3. Mailing Address				<u></u>		· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02282006	Chg-NP	CR2E0	37 (11/05)	
City & State			City & State				4. FEI Numbe 65-074(				pplied For
Zip	Country		Zip _	Zip Cou		_	-6. Certificate	of Status Desired		\$8.75 Ad	iditional :
	6. Name a	and Address of Current F	Registered Agent	1			7. Name and	Address of New	Registered	Agent	
AMOCAAAA TAASTA C					Name						
WISEMAN, TAMELA E 5121 CASTELLO DRIVE SUITE 1				Street Address			s (P.O. Box Number is Not Acceptable)				
NAPLES,	FL 33940										
					City				FL	Zip Cox	de
	named entity tions of register		r the purpose of changing i	ts register	ed office o	r register	ed agent, or bot	h, in the State of I	Florida. I am	familiar with	, and accept
· ,											
SIGNATURE	Signature, typed or	r printed name of registered agent a	and title if applicable. (N	OTE: Registere	d Agent signat	ure required	when reinstating)	<del></del>	DATE		<del></del>
	Filing Fee is \$61.25 Due by May 1, 2006										
			9. Election C Trust Fund		-		\$5.00 May Bo Added to Fees	e Fi	Make chec orida Depa		
10.			Trust Fund		-		Added to Fees	FIGES TO OFFICE	orida Depai	tment of S	State
TITLE	Due by Ma	ay 1, 2006 OFFICERS AND DIR	Trust Fund	11.	ion. E		Added to Fees	Fl	orida Depai	tment of S	State
TITLE NAME	PD AREY, EDV	ay 1, 2006 OFFICERS AND DIR	Trust Fund	I Contribut 11. TITU	E E		Added to Fees	Fl	orida Depai	tment of S	N 10
TITLE	PD AREY, EDV	ay 1, 2006  OFFICERS AND DIR  WIN V  LEMAGNE BLVD E103	Trust Fund	11. TITU NAM	ion. E		Added to Fees	Fl	orida Depai	tment of S	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AREY, EDV 354 CHARI NAPLES, F	ay 1, 2006  OFFICERS AND DIR  WIN V  LEMAGNE BLVD E103	Trust Fund	11. TITLE NAM STRE	E E EET ADDRESS '-ST-ZIP	(	Added to Fees ADDITIONS/CHA	ANGES TO OFFIC	orida Depai	RECTORS II	State N 10 Addition
TITLE NAME STREET ADDRESS	PD AREY, EDV	ay 1, 2006  OFFICERS AND DIR  WIN V  LEMAGNE BLVD E103  FL 34112	Trust Fund	11. TITU NAM	E EET ADDRESS '-ST-ZIP	(	Added to Fees ADDITIONS/CHA	ANGES TO OFFIC	orida Depai	RECTORS II	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD AREY, EDV 354 CHARI NAPLES, F STD MCNEAL, E	ay 1, 2006  OFFICERS AND DIR  WIN V  LEMAGNE BLVD E103  FL 34112	Trust Fund	11. TITLI NAM STRE CITY ITTLI NAM STRE	E EET ADDRESS	5 T D Mc 338	Added to Fees ADDITIONS/CH/	BRJAI	CERS AND DI	RECTORS II	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD AREY, EDV 354 CHARI NAPLES, F STD MCNEAL, E 338 CHARI NAPLES, F	ay 1, 2006  OFFICERS AND DIR WIN V LEMAGNE BLVD E103 FL 34112  BRIAN LEMAGNE BLVD I-106	Trust Fund	11. TITLI NAM STRE CITY ITTLI NAM STRE	E E E E E ADDRESS '-ST-ZIP E E E E	5 T D Mc 338	Added to Fees ADDITIONS/CH/	Fl	CERS AND DI	RECTORS II	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD AREY, EDV 354 CHARI NAPLES, F STD MCNEAL, E 338 CHARI NAPLES, F	ay 1, 2006  OFFICERS AND DIR WIN V LEMAGNE BLVD E103 FL 34112  BRIAN LEMAGNE BLVD I-106 FL 34112	Trust Fund	11. 111. NAM STRE CITY NAM STRE CITY TITLI NAM STRE CITY ITILI	E EET ADDRESS '-ST-ZIP E EET ADORESS '-ST-ZIP	5 T D Mc 338	Added to Fees ADDITIONS/CH/	BRJAI	CERS AND DI	T-10	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD AREY, EDV 354 CHARI NAPLES, F STD MCNEAL, E 338 CHARI NAPLES, F D BARLOW, 0	ay 1, 2006  OFFICERS AND DIR WIN V LEMAGNE BLVD E103 FL 34112  BRIAN LEMAGNE BLVD I-106 FL 34112  PAUL	Trust Fund RECTORS Delete  Delete	11. TITLI NAM STRE CITY TITLI NAM STRE CITY NAM STRE CITY NAM	E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	5 T D Mc 338	Added to Fees ADDITIONS/CH/	BRJAI	CERS AND DI	T-10	N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD AREY, EDV 354 CHARI NAPLES, F STD MCNEAL, E 338 CHARI NAPLES, F D BARLOW, 0	ay 1, 2006  OFFICERS AND DIR WIN V LEMAGNE BLVD E103 FL 34112  BRIAN LEMAGNE BLVD I-106 FL 34112  PAUL NTELLE DR A-102	Trust Fund RECTORS Delete  Delete	11. TITLI NAM STRE CITY TITLI NAM STRE CITY NAM STRE CITY TITLI NAM STRE STRE STRE STRE STRE STRE STRE STRE	E EET ADDRESS '-ST-ZIP E EET ADORESS '-ST-ZIP	5 T D Mc 338	Added to Fees ADDITIONS/CH/	BRJAI	CERS AND DI	T-10	N 10 Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AREY, EDW 354 CHARI NAPLES, F STD MCNEAL, E 338 CHARI NAPLES, F D BARLOW, 0 4210 CHAM NAPLES, F D JANGEL, W	ay 1, 2006  OFFICERS AND DIR WIN V LEMAGNE BLVD E103 FL 34112  BRIAN LEMAGNE BLVD I-106 FL 34112  PAUL NTELLE DR A-102 FL 34112	Trust Fund  RECTORS  Delete  Delete  Delete  Delete	TI. TITLI NAM STRE CITY NAM STRE CITY NAM	E E E E E E E E E E E E E E E E E E E	STD Mc 338 NA	Added to Fees ADDITIONS/CHA  NEILL, CHARLE PLES, F	BRJAI BRJAI BRJAI	SLVD	T − 1 Change	Addition  Addition  Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD AREY, EDW 354 CHARI NAPLES, F STD MCNEAL, E 338 CHARI NAPLES, F D BARLOW, E 4210 CHAN NAPLES, F D JANGEL, W 5560 RATT NAPLES, F D ROBIDEAN	AY 1, 2006  OFFICERS AND DIR WIN V LEMAGNE BLVD E103 FL 34112  BRIAN LEMAGNE BLVD I-106 FL 34112  PAUL NTELLE DR A-102 FL 34112  ///C ///C ///C ///C ///C ///C ///C	Trust Funct RECTORS  Delete  Delete  Oelete  RD M -203	11. TITLI NAM STRE CITY NAM	E E E E E E E E E E E E E E E E E E E	STD Mc 338 NA	Added to Fees  ADDITIONS/CHA  NEILL  CHARLE  VLES , F	BRJAI BRJAI MAGNE L 3411	BLVD.	T − 1 C Change	State N 10 Addition Addition Addition Addition
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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: