

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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**



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0740085

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AREY, EDWIN V 354 CHARLEMAGNE BLVD E103 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCNEILL, BRIAN 338 CHARLEMAGNE BLVD I-106 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARLOW, PAUL 4210 CHANTELE DR A-102 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANGEL, VIC 5590 RATTLESNAKE HAMMOCK RD., M-203 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBIDEAN, LARRY 325 CHARLEMAGNE BLVD B208 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEELE, PHIL 351 CHARLEMAGNE BLVD A-208 NAPLES, FL 34112

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01/23/07-80015-015 61.25

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IN THIS SPACE**

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

Date

Daytime Phone #

1-19-07

239-793-3082