

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000078756**

1. Entity Name  
**LE RIVAGE REALTY, INC.**



Principal Place of Business  
**7777 GLADES RD SUITE 310  
BOCA RATON, FL 33434**

Mailing Address  
**7777 GLADES RD SUITE 310  
BOCA RATON, FL 33434**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1043795**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHMIER, ROBERT J  
7777 GLADES RD SUITE 310  
BOCA RATON, FL 33434**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE DS  
NAME GREENBERG, LEONARD E  
STREET ADDRESS 3483 WOOLBRIGHT RD  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE DP  
NAME SCHMIER, ROBERT  
STREET ADDRESS 7777 GLADES RD SUITE 310  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE VPD  
NAME FEURRING, DOUGLAS R  
STREET ADDRESS 7777 GLADES RD SUITE 310  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE VP  
NAME STEIL, DEBRA  
STREET ADDRESS 3483 WOOLBRIGHT RD  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000734885  
05/10/07-80011-015 158.75

**DO NOT WRITE  
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.

**SIGNATURE:**

**APR 24 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Robert J. Schmier, Pres.**