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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **734478** **(1)**

1. Corporation Name

**RIVER ISLES GOLF ASSOCIATION, INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~158 RIVER ISLES~~<br>**BRADENTON FL 34208** | **159 RIVER ISLES**<br>**BRADENTON FL 34208-9008** |

3. Date Incorporated or Qualified: **12/03/1975**
3a. Date of Last Report: **04/10/1996**

2. Principal Place of Business
21 3917 RIVERWALK CT.
Suite, Apt #, etc.
22 BRADENTON, FL
City & State
23 34208
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: **59-1665094** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOWELL, ANN L**
**2520 MANATEE AVE., E.**
**BRADENTON FL 34208**

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | POPPELE, ARTHUR | | 1.2 NAME | | |
| STREET ADDRESS | 1326 OAKLEAF BLVD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34208 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 2.1 TITLE | DIRECTOR | ☒ Change ☐ Addition |
| NAME | ELLIOT, SYLVIA | | 2.2 NAME | HAYES, MARGARET | |
| STREET ADDRESS | 4001 CHINABERRY RD | | 2.3 STREET ADDRESS | 4208 NEIL LANE | |
| CITY-ST-ZIP | BRADENTON FL | | 2.4 CITY-ST-ZIP | BRADENTON, FL 34208 | |
| TITLE | P | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TRACEY, JOSEPH | | 3.2 NAME | | |
| STREET ADDRESS | 3807 JOYCE DR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34208 | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☒ DELETE | 4.1 TITLE | 1ST VP | ☒ Change ☐ Addition |
| NAME | SANDERS, LLOYD | | 4.2 NAME | BROWN, JAMES | |
| STREET ADDRESS | 3905 CHINABERRY RD | | 4.3 STREET ADDRESS | 3810 JOYCE DR. | |
| CITY-ST-ZIP | BRADENTON FL | | 4.4 CITY-ST-ZIP | BRADENTON FL 34208 | |
| TITLE | S | ☒ DELETE | 5.1 TITLE | SECRETARY | ☒ Change ☐ Addition |
| NAME | FRALEY, LANETA | | 5.2 NAME | KING, MARY | |
| STREET ADDRESS | 3997 LAKEWOOD AVENUE | | 5.3 STREET ADDRESS | 4404 LAKEWOOD AVE | |
| CITY-ST-ZIP | BRADENTON FL | | 5.4 CITY-ST-ZIP | BRADENTON, FL 34208 | |
| TITLE | T | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WEEKS, WILMOT | | 6.2 NAME | | |
| STREET ADDRESS | 3916 RIVER WALK CT. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34208 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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:** WILMOT L. WEEKS Wilmot L. Weeks REQUIRED 1/31/97 (941)747-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #