

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 749499 (0)**
1. Corporation Name
RIVERWOOD ESTATES HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

**240 RIVERWOOD ROAD
NAPLES FL 33961****240 RIVERWOOD ROAD
NAPLES FL 34114-3938**3. Date Incorporated or Qualified
10/24/19793a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUNER, DAVID E
1645 LUDLOW ROAD
MARCO ISLAND FL 33937****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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, ROY	
STREET ADDRESS	234 RIVERWOOD ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIRR, GERALD	
STREET ADDRESS	208 RIVERWOOD ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TECRONEY, BARBARA	
STREET ADDRESS	201 RIVERWOOD RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GEORGE	
STREET ADDRESS	215 ROOKERY ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAMS, HELEN	
STREET ADDRESS	159 ROOKERY RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELLARS, BILL	
STREET ADDRESS	923 MANATEE ROAD	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOCTOR, STEVE	
1.3 STREET ADDRESS	33 Island Lake Ln.	
1.4 CITY-ST-ZIP	Naples, FL	
2.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANTORO, ALEXANDRA	
2.3 STREET ADDRESS	210 Riverwood Rd.	
2.4 CITY-ST-ZIP	Naples, FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELLIS, JEWELL	
3.3 STREET ADDRESS	1772 Beverly Dr.	
3.4 CITY-ST-ZIP	Naples, FL	
4.1 TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEAVER, DONALD	
4.3 STREET ADDRESS	1748 Beverly Dr.	
4.4 CITY-ST-ZIP	Naples, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **JEWELL H. ELLIS REQUIRED***Jewell H. Ellis*

2/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0060131

CR2E037 (9/96)