



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90016 032 ****61.25

DOCUMENT # 749499					
1. Entity Name RIVERWOOD ESTATES HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 240 RIVERWOOD ROAD NAPLES, FL 34114-3938 US		Mailing Address 240 RIVERWOOD ROAD NAPLES, FL 34114-3938 US		<p style="text-align: right; font-size: 24px;">34027959</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02212004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0484978 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PINTER, MICHAEL 4328 CORPORATE SQUARE SUITE C NAPLES, FL 34104-4780			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KISSEL, JENNIFER	NAME	TRACY, BYRON		
STREET ADDRESS	258 RIVERWOOD DR.	STREET ADDRESS	120 ROOKERY RD.		
CITY-ST-ZIP	NAPLES, FL 341143938	CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	VP <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NOBLE, HUGH	NAME	ELLIS, JEWELL H.		
STREET ADDRESS	235 RIVERWOOD DR.	STREET ADDRESS	1772 BEVERLY DR.		
CITY-ST-ZIP	NAPLES, FL 341143938	CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REX, ALBERT	NAME	REX, ALBERT		
STREET ADDRESS	873 MARIATUAL RD.	STREET ADDRESS	40 ISLAND LAKE DR.		
CITY-ST-ZIP	NAPLES, FL 341143938	CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	AT <input type="checkbox"/> Delete	TITLE			
NAME	TRACY, BYRON	NAME			
STREET ADDRESS	120 ROCKERY RD.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 341143938	CITY-ST-ZIP			
TITLE	ASD <input type="checkbox"/> Delete	TITLE			
NAME	SANTORO, ALEXANDRA	NAME			
STREET ADDRESS	210 RIVERWOOD DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I 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 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 <i>Jewell H. Ellis</i>			Date <i>9 Mar 04</i>		
JEWELL H. ELLIS			Date		