FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 31 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756953 (6)

1. Corporation Name

RIVERBEND HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
% MICHAEL FLEMING & ASSOC 12734-32 KENWOOD LANE FT MYERS FL 33907 US	%MICHAEL FLEMING & ASSOC 12734-32 KENWOOD LANE FT MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1981
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2608085 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MICHAEL FLEMING & ASSOCIATES 12734 KENWOOD LANE SUITE 32 FT. MYERS FL 33907	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 3/1/95
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	SD	1.1 TITLE	D	☐ Change ☐ Addition
NAME	HOOLIHAN, TOM, JR.	1.2 NAME	Same	
STREET ADDRESS	3440 MARINA TOWN LN. NW	1.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	P	☐ Change ☐ Addition
NAME	HOENEKAN, CHARLES	2.2 NAME	Malcom Dale	
STREET ADDRESS	15160 RIVERBEND BLVD	2.3 STREET ADDRESS	15181 San Sand	
CITY-ST-ZIP	N FT MYERS, FL 00000	2.4 CITY-ST-ZIP	N Ft Myers Fl 33917	
TITLE	PD	3.1 TITLE	S/T	☐ Change ☐ Addition
NAME	WRIGHT, THELMA	3.2 NAME	Carol Hirsh	
STREET ADDRESS	15397 MOONRAKER	3.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 00000	3.4 CITY-ST-ZIP	N Ft Myers Fl 33917	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/1/95 813 9397576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000407