

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90093 006 ****61.25

DOCUMENT # 756953

1. Corporation Name

RIVERBEND HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.

Principal Place of Business

C/O MARQUIS MANAGEMENT, INC
9400 GLADIOLUS DRIVE #100
FT MYERS FL 33908
US

Mailing Address

C/O MARQUIS MANAGEMENT, INC
9400 GLADIOLUS DRIVE 3100
FT MYERS FL 33908
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

03/25/1981

4. FEI Number

59-2608085

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

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT, INC
12661 NEW BRITTANY BLVD
FT MYERS FL 33907

10. Name and Address of New Registered Agent

Michael Fleming c/o
Marquis Management Inc.
9400 Gladiolus Dr. #100
Fort Myers, FL 33908

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, 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

TITLE ☐ DELETE
NAME D
STREET ADDRESS HOOLIHAN SR, TOM
CITY-ST-ZIP 3440 MARINA TOWN LN. NW
N FT MYERS FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS DALE, MALCOM
CITY-ST-ZIP 15181 SAM SNEAD
N FT MYERS FL

TITLE ☒ DELETE
NAME STD
STREET ADDRESS WEISENBERG, RUSSEL
CITY-ST-ZIP 15101 SAM SNEAD LANE
N FT MYERS FL 33917

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)