

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90025 008 ****61.25

DOCUMENT # 756953 1. Entity Name RIVERBEND HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.					
Principal Place of Business 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908 US			Mailing Address 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2608085	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAPP, PAUL 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908			Name RICHARD L. LAPOSTA Street Address (P.O. Box Number is Not Acceptable) GULF SHORES C.A.M., INC. 76 PONDELLA RD., SUITE 201 City N. FT. MYERS, FL FL Zip Code 33903		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D ROHDE, JOHN <input checked="" type="checkbox"/> Delete 15370 TRANSIT CT, 111 NORTH FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition CAROL PUTNEY 1500 RIVERBEND BLVD # 704 N. FT. MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BOND, ADRIENNE 3426 BEN HOGAN CIRCLE N FT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOND, ADRIENNE 3426 BEN HOGAN CIRCLE N. FT. MYERS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete SIMS, SUZANNE 15401 RIVER VISTA DR #403 NO FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T BILL HANNERS 15768 SAM SNEAD LANE N. FT. MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete P GERHARDT, ZEKE 15211 SAM SNEAD LANE FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D FRED BECKMAN 15350 MOONRAKER CT N. FT. MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S HULL, MWLONY 15100 RIVER BEND BLVD FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S LOIS FROSCENO 6088 EAGLE WATCH CT N. FT MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition D FRANK MANIACI 15291 RIVER VISTA DR N. FT. MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CYNTHIA JINDRA 15200 RIVERBEND BLVD N. FT MYERS, FL 33917	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/28/2006 Daytime Phone # 239-997-8114		