

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756953

FILED  
Apr 03, 2011  
Secretary of State

**Entity Name:** RIVERBEND HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.

**Current Principal Place of Business:**

GULF SHORE CAM INC.  
76 PONDELLA ROAD, SUITE 201  
N. FORT MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

GULF SHORE CAM INC.  
76 PONDELLA ROAD, SUITE 201  
N. FORT MYERS, FL 33903 US

**New Mailing Address:**

**FEI Number:** 59-2608085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAPOSTA, RICHARD L  
GULF SHORES C.A.M., INC  
76 PONDELLA RD SUITE 201  
NORTH FORT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PUTNEY, CAROL  
Address: 15100 RIVERBEND BLVD SUITE #704  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D  
Name: GROTH, GARY  
Address: 15397 MOONRAKER COURT #601  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVP  
Name: JINDRA, CYNTHIA  
Address: 15200 RIVERBEND BLVD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DT  
Name: COLLERAN, WILLIAM  
Address: 6044 EAGLE WATCH COURT  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS  
Name: BONE, WILLIAM  
Address: 15371 TRANSIT COURT #701  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D  
Name: MCKINNON, HARRY  
Address: 15160 RIVERBEND BOULEVARD #419  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL PUTNEY

DP

04/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date