## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

766216

(6)

RIVERWOODS PLANTATION RV RESORT CONDOMINIUM ASSO CIATION, INC.

Principal Place of Business Mailing Address 4600 ROBERT E. LEE BLVD. 4600 ROBERT E. LEE BLVD. ESTERO FL 33926 ESTERO FL 33928

3. Date Incorporated or Qualified

**FILED** 

Jan 30 1998 8:00am

Secretary of State

										12/21/1982					
									4.	FEI Number		Applied For			
										59-2449892		Not Applicable			
21	2. Principal Place of Business			2a 26	7				5. Certificate of Status Desired			\$8.75 Additional Fee Required			
22	Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			_	6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees			
23	City & State			28	City & State				7.	Is this nonprofit corporation a homeowners		clation?			
24	Zip	25	Country	29		Coun	try				Yes	□ No			
	9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
ADAMS, JOSEPH E., ESQ. BECKER, POLIAKOFF & STREITFELD, P.A. 13515 BELL, TOWER DR, SUITE 101						L	31	Name							
							82 Street Address (P.O. Box Number is Not Acceptable)								
							33								
	TAMELIO LE GOSO						34	City		FL.	85	Zip Code			

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, 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 lamiliar with, and accept the obligations of, Section 617,0503, Florida Statutes.											
SIGNATURE _	Signature, typed or printed name of registered egent and little if	enolicable. (NOTE:	Registered Agent stansture	e required when reinstating)	DATE						
12.	OFFICERS AND DIRECT		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS								
TITLE	D	DELETE	1.1 TITLE	D	Change	Addition					
NAME	DOWLING, ANN		1.2 NAME	CONRAD ROY							
STREET ADDRESS	4711 SPLIT LOG LANE		1,3 STREET ADDRESS	CONRAD, ROY 4590 LAFAYETTE	LANE						
CITY-ST-ZIP	ESTERO FL		1.4 CITY-ST-ZIP	ESTERO, FL 339	728						
TITLE	PD	DELETE	2.1 TITLE		☐ Change	Addition					
NAME	NOLANDER, DONALD		2.2 NAME								
STREET ADDRESS	4500 SAWMILL DRIVE		2.3 STREET ADDRESS								
CITY-ST-ZIP	ESTERO FL		2. 4 CITY - ST - ZIP								
TITLE	TD	DELETE	3.1 TITLE		Change	Addition					
NAME	Shutt, Ward		3.2 NAME								
STREET ADDRESS	4581 SAWMILL DR., E		3.3 STREET ADDRESS	}							
CITY-ST-ZIP	ESTERO FL		3.4. CITY-ST-ZIP			_					
TITLE	VD	DELETE	4.1 TITLE		☐ Change	Addition					
NAME	THOMAS, JACK		4. 2 NAME								
STREET ADDRESS	4541 CANDLESTICK COURT		4.3 STREET ADDRESS								
CITY-ST-ZIP	ESTERO FL	,	4.4 CITY-ST-ZIP		<u> </u>						
TITLE	D	<b>⊠</b> D <b>E</b> LETE	5.1 TITLE	D	Change	Addition					
NAME	GRANDPRE, RAOULL		5.2 NAME	OLSON, CLIFFOR	?D						
STREET ADDRESS	20320 CARRIAGE COURT		5.3 STREET ADDRESS	OLSON, CLIFFON	ANE						
CITY-ST-ZIP	ESTERO FL		5.4 CITY-ST-ZIP	ESTERO FL 33	928						
TITLE	S	DELETE.	6.1 TITLE		Change	Addition					
NAME	WILLIAMS, DARLENE		6.2 NAME								
STREET ADDRESS	4700 WASHINGTON WAY		6.3 STREET ADDRESS								
CITY-ST-ZIP	ESTERO FL		6.4 CITY - ST - ZIP								

Thereby 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.

SIGNATURE: