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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 766216

1. Corporation Name

RIVERWOODS PLANTATION RV RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4600 ROBERT E. LEE BLVD.
ESTERO FL 33928

Mailing Address

4600 ROBERT E. LEE BLVD.
ESTERO FL 33928



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/21/1982

4. FEI Number

59-2449892

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

ADAMS, JOSEPH E., ESQ.
BECKER, POLIAKOFF & STREITFELD, P.A.
13515 BELL TOWER DR, SUITE 101
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

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 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 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 D ☒ DELETE
NAME DOWLING, ANN
STREET ADDRESS 4711 SPLIT LOG LANE
CITY-ST-ZIP ESTERO FL

TITLE PD ☐ DELETE
NAME NOLANDER, DONALD
STREET ADDRESS 4500 SAWMILL DRIVE
CITY-ST-ZIP ESTERO FL

TITLE TD ☒ DELETE
NAME SHUTT, WARD
STREET ADDRESS 4581 SAWMILL DR., E
CITY-ST-ZIP ESTERO FL

TITLE VD ☐ DELETE
NAME THOMAS, JACK
STREET ADDRESS 4541 CANDLESTICK COURT
CITY-ST-ZIP ESTERO FL

TITLE D ☒ DELETE
NAME CONRAD, ROY
STREET ADDRESS 4590 LAFAYETTE LANE
CITY-ST-ZIP ESTERO FL 33928

TITLE S ☐ DELETE
NAME WILLIAMS, DARLENE
STREET ADDRESS 4700 WASHINGTON WAY
CITY-ST-ZIP ESTERO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☒ Addition
1.2 NAME OLSON, CLIFF
1.3 STREET ADDRESS 4670 LIBERTY LN, W
1.4 CITY-ST-ZIP ESTERO FL 33928

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

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME ARMSTRONG NORENE
3.3 STREET ADDRESS 4500 PILGRIMS WAY E.
3.4 CITY-ST-ZIP ESTERO FL 33928

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

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME ALSTAD, RICHARD
5.3 STREET ADDRESS 4600 SLASH PINE WAY E.
5.4 CITY-ST-ZIP ESTERO, FL 33928

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 of Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/22/99 Daytime Phone # 941-947-0524

CR2E037 (11/98)