FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 08, 2002 8:00 am Secretary of State DOCUMENT # 766216 1. Entity Name RIVERWOODS PLANTATION BY RESORT CONDOMINIUM ASSO 02-08-2002 90016 015 ****61.25 CIATION, INC. Principal Place of Business Mailing Address 4600 ROBERT E. LEE BLVD. 4600 ROBERT E. LEE BLVD. ESTERO FL 33928 ESTERO FL 33928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2449892 Not Applicable Zip Country Country-\$8.75 Additional 5. Certificate of Status Desired _______ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . ADAMS, JOSEPH E., ESQ. Street Address (P.O. Box Number is Not Acceptable) BECKER, POLIAKOFF & STREITFELD, P.A. 13515 BELL TOWER DR, SUITE 101 FT.MYERS FL 33907 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Ö. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 9 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE (9/01) Change Addition NAME OLSON, CLIFF MINNICK KEITH NAME 4721 LINCOLN HANE W STREET ADDRESS 4670 LIBERTY LN W STREET ADDRESS CITY-ST-ZIP **ESTERO FL** CITY-ST-7IP **VPD** TITLE Delete TITLE ☐ Change ☐ Addition KNOLL, STANLEY NAME NAME STREET ADDRESS 4620 LAFAVETTE LANE E STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ARMSTRONG, NORENE NAME NAME STREET ADDRESS 4500 PLIGRIMS WAY E STREET ADDRESS CITY-ST-ZIP ESTERO FL CITY-ST-ZIP TITLE SEC. X Delete TITLE Change (☐ Addition NOLANDER, PATRICIA NAME NOLANDER, PATRICIA 4500 SAWMILL DR. NAME 4500 SAWMILL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP STERO. **⊠** Delete TITLE PRES. Change Change ☐ Addition OSTREAM, THOMAS NAME NAME OSTREM THOMAS 4720 WASHINGTON WAYW STREET ADDRESS 4720 WASHINGTON WAY W STREET ADDRESS CITY-ST-ZIP estero FL 33928 CITY-ST-7IP ESTERO FL 33928 TITLE Delete TITLE Change Addition SHUTT, WARD NAME THOMAS JACK NAME 4581 SAWMILL DR E STREET ADDRESS STREET ADDRESS ANDLESTICK CT. E CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP 3392 12. 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 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