

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90167 047 \*\*\*\*61.25

**DOCUMENT # 766216**

1. Entity 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**

**60010962**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2449892**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete  
NAME **MINNICK, KEITH**  
STREET ADDRESS **4721 LINCOLN LANE W**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **KNOLL, STANLEY**  
STREET ADDRESS **4620 LAFAYETTE LANE E**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **ARMSTRONG, NORENE**  
STREET ADDRESS **4500 PILGRIMS WAY E**  
CITY-ST-ZIP **ESTERO FL**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **NOLANDER, PATRICIA**  
STREET ADDRESS **4500 SAWMILL DR**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **TD** ☐ Change ☒ Addition  
NAME **HALL, JOYCE**  
STREET ADDRESS **4751 LANTERN LANE W.**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **P** ☐ Delete  
NAME **OSTREM, THOMAS**  
STREET ADDRESS **4720 WASHINGTON WAY W**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **THOMAS, JACK**  
STREET ADDRESS **4541 CANDLESTICK CT E**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D** ☐ Change ☒ Addition  
NAME **BEERY, DONNA**  
STREET ADDRESS **20221 CUMBERLAND CT.**  
CITY-ST-ZIP **ESTERO FL 33928**

2. 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 of 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03 239-495-2543  
Date Daytime Phone #

CR2E037 (10/02)