

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13776** (2)
1. Corporation Name
RIVER GROVE ESTATES, INC.



Principal Place of Business: **3135 3100 RIVER GROVE CIR. FT. MYERS FL 33905**
Mailing Address: **3135 3100 RIVER GROVE CIR. FT. MYERS FL 33905**

3. Date Incorporated or Qualified: **03/11/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 3135 River Grove Circle**
2a. Mailing Address: **26 3135 River Grove Circle**
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.

4. FEI Number: **NOT APPLICABLE**
Applied For:
Not Applicable:

23. City & State: **Ft. Myers, Fl**
28. City & State: **Ft. Myers, Fl**
24. Zip: **33905** 25. Country: **Ue**
29. Zip: **33905** 30. Country: **Ue**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HOWELL, JULIA
~~**3100 RIVER GROVE CIRCLE**~~
3135 RIVER GROVE CIR
FT MYERS FL 33905

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|--|
| TITLE | TD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOWELL, JULIA | 1.2 NAME | |
| STREET ADDRESS | 3135 RIVER GROVE CIR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEEMS, JIM | 2.2 NAME | |
| STREET ADDRESS | 3191 RIVER GROVE SE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, JEANE | 3.2 NAME | |
| STREET ADDRESS | 3129 RIVER GROVE CIR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL 33905 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | President (CD) Ginny Gerberick PD |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 3135 River Grove Circle |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Ft. Myers, Fl 33905 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | VP (CD) Richard Frazer VPD |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 3132 River Grove Circle |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Ft. Myers, Fl 33905 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: Julia Howell, Treasurer 6/30/96 941 694-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)