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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N26263

1. Corporation Name

RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

%ROGER JACOX
777 WALKERBILT RD #39
NAPLES FL 33963
US

Mailing Address

C/O ROGER JACOX
777 WALKERBILT RD #39
NAPLES FL 33963
US



220760 - 90167 - 46

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 30

3. Date Incorporated or Qualified

05/04/1988

4. FEI Number

58-1789804

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

KORP, WILLIAM R.
333 S. TAMiami TRAIL, SUITE 100
VENICE FL 34285

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 **VD** ☒ DELETE
NAME **DEMINK, TED**
STREET ADDRESS **777 WALKERBILT #32**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ DELETE
NAME **SCHNEIDER, MARY**
STREET ADDRESS **777 WALKERBILT DR 22**
CITY-ST-ZIP **NAPLES FL**

TITLE **XSX P** ☐ DELETE
NAME **GINN, THOMAS**
STREET ADDRESS **777 WALKERBILT RD, #24**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **BRACKNELL, JAMES**
STREET ADDRESS **777 WALKERBILT DR # 6**
CITY-ST-ZIP **NAPLES FL**

TITLE **TD** ☐ DELETE
NAME **JOHNSON, BARBARA**
STREET ADDRESS **777 WALKERBILT RD #7**
CITY-ST-ZIP **NAPLES FL**

TITLE **XSX D** ☐ DELETE
NAME **JACOX, ROGER**
STREET ADDRESS **777 WALKERBILT DR 39**
CITY-ST-ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **NELSON, WENDELL**
1.3 STREET ADDRESS **777 Walkerbilt Rd #25**
1.4 CITY-ST-ZIP **Naples, FL**

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **Tyree, Max**
2.3 STREET ADDRESS **777 Walkerbilt Rd #30**
2.4 CITY-ST-ZIP **Naples, FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **VAN PELT, Terry**
3.3 STREET ADDRESS **777 Walkerbilt Rd #15**
3.4 CITY-ST-ZIP **Naples, FL**

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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: **Thomas Ginn, Pres** **3/3/99** **(941) 566-7251**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)