

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90144 028 ****61.25

DOCUMENT # N26263

1. Entity Name

RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

%THOMAS GINN
777 WALKERBILT RD #24
NAPLES FL 34110
US

Mailing Address

%THOMAS GINN
777 WALKERBILT RD #24
NAPLES FL 34110
US

2. Principal Place of Business

70 WENDALL White

3. Mailing Address

70 WENDALL White

Suite, Apt. #, etc.

777 WALKERBILT RD #34

Suite, Apt. #, etc.

777 WALKERBILT RD #34

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34110

Country

COLORED

Zip

34110

Country

COLORED

4. FEI Number 58-1789804

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, WENDELL	
STREET ADDRESS	777 WALKERBILT ROAD, #34	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GINN, THOMAS	
STREET ADDRESS	777 WALKERBILT RD # 24	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, BARBARA	
STREET ADDRESS	777 WALKERBILT ROAD, #7	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRACKNELL, JAMES	
STREET ADDRESS	777 WALKERBILT DR # 6	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOWLING, JEROME	
STREET ADDRESS	777 WALKERBILT ROAD, #20	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOX, ROGER	
STREET ADDRESS	777 WALKERBILT DR 39	
CITY-ST-ZIP	NAPLES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, WENDELL	
STREET ADDRESS	777 WALKERBILT RD #34	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES HICKMAN	
STREET ADDRESS	777 WALKERBILT RD #37	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT MILSTER	
STREET ADDRESS	777 WALKERBILT RD #14	
CITY-ST-ZIP	NAPLES, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Johnson

4-2-03

239-566-7578

CR2E037 (10/02)