

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49868 (5)
1. Corporation Name
RIVERWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business 4100 RIVERWOOD DRIVE SUITE 350 PORT CHARLOTTE FL 33953 US	Mailing Address 4100 RIVERWOOD DRIVE SUITE 350 PORT CHARLOTTE FL 33953 US
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3. Date Incorporated or Qualified 07/13/1992	
4. FEI Number 65-0346024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SUSAN SPREHN
4100 RIVERWOOD DR
PORT CHARLOTTE FL 33953**

10. Name and Address of New Registered Agent

**81 Name
Allen G. Ten Broek**

**82 Street Address (P.O. Box Number is Not Acceptable)
12800 University Pkwy #260**

83

**84 City
Fort Myers** **85** **FL** **Zip Code
33908**

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]* **April 29, 1998**

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	DP	<input type="checkbox"/> DELETE
NAME	SMITH, THOMAS C	
STREET ADDRESS	4100 RIVERWOOD DR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DX	<input checked="" type="checkbox"/> DELETE
NAME	HUMPHREY, DAVID	
STREET ADDRESS	4100 RIVERWOOD DR	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	SPREHN, SUSAN	
STREET ADDRESS	4100 RIVERWOOD DR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VP, b	<input type="checkbox"/> DELETE
NAME	Edwin Sealy	
STREET ADDRESS	13817 Long Lake Lane	
CITY-ST-ZIP	Port Charlotte, FL 33953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Allen G. Ten Broek	
STREET ADDRESS	12800 University Pkwy, #260	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

[Signature]

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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.

SIGNATURE: *[Signature]* **April 29, 1998**

CR2E037 (10/97)