

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90023 016 ****61.25

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1. Entity Name
**THE RIVERS BOAT BASIN PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**1406 SE 46TH LANE
UNIT 4
CAPE CORAL, FL 33904 US**

Mailing Address

**1406 SE 46TH LANE
UNIT 4
CAPE CORAL, FL 33904 US**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0652219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LYNN, KIRBY
1406 SE 46TH LANE
UNIT 4
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIRBY, LYNN A
STREET ADDRESS	1406 SW 48TH LANE #4
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	KIRBY, LARRY
STREET ADDRESS	1406 SE 46TH LANE #4
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VSD
NAME	KIRBY, BRIAN R
STREET ADDRESS	1406 SE 46TH LANE #4
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	JOHN SULLIVAN
STREET ADDRESS	302 WASHINGTON AVE. EXT.
CITY-ST-ZIP	ALBANY, NY 12203
TITLE	VSD
NAME	JERRY LEE
STREET ADDRESS	4015 SE 20TH PLACE UNIT 306
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN A. KIRBY

2/15/05

Date

239-542-0073

Daytime Phone #