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FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000044574 (0)

1. Corporation Name

RIVERWOOD MANAGEMENT COMPANY

Principal Place of Business

12800 UNIVERSITY DR.
SUITE 350
FT. MYERS FL 33907

Mailing Address

12800 UNIVERSITY DR.
SUITE 350
FT. MYERS FL 33907-5343



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0418470

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

TAYLOR, ROBERT
12800 UNIVERSITY DR.
SUITE 350
FT. MYERS FL 33907

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 607.0502 and 607.1508, 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 607.0505, 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 D
NAME TAYLOR, ROBERT
STREET ADDRESS 12800 UNIVERSITY DR., #350
CITY-ST-ZIP FT. MYERS FL 33907

☐ DELETE

TITLE D
NAME ANDERSON, ROBERT F
STREET ADDRESS 12800 UNIVERSITY DR., #350
CITY-ST-ZIP FT. MYERS FL 33907

☒ DELETE

TITLE D
NAME BOURNE, ROBERT
STREET ADDRESS 400 E. SOUTH ST., SUITE 500
CITY-ST-ZIP ORLANDO FL 32801

☒ DELETE

TITLE D
NAME INGE, RON
STREET ADDRESS 5351 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT. MYERS FL 33912

☒ DELETE

TITLE D
NAME BROWN, BRYAN
STREET ADDRESS 148 SANTOS DR.
CITY-ST-ZIP PUNTA GORDA FL 33983

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV
1.2 NAME Ten Broek, Allen
1.3 STREET ADDRESS 12800 University Dr., #260
1.4 CITY-ST-ZIP Ft. Myers, FL 33907

☐ Change

☒ Addition

2.1 TITLE DV
2.2 NAME Sprehn, Susan
2.3 STREET ADDRESS 12621 New Brittany Blvd.
2.4 CITY-ST-ZIP Ft. Myers, FL 33907

☐ Change

☒ Addition

3.1 TITLE DV
3.2 NAME Smith, Thomas
3.3 STREET ADDRESS 4100 Riverwood Drive
3.4 CITY-ST-ZIP Pt. Charlotte, FL 33953

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)