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Jul 08 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000000513 (1)

1. Corporation Name

RIVER'S REACH AT COUNTRY CREEK, INC.



Principal Place of Business

Mailing Address

~~12734 KENWOOD LANE
SUITE 49
FT MYERS FL 33907~~

~~12734 KENWOOD LANE
SUITE 49
FT MYERS FL 33907~~

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

65-0470559

Applied For
Not Applicable

2. Principal Place of Business

21 Gulf Coast Management Services
S 10060 Amberwood Road, Suite 3
22 Fort Myers, FL 33913

City & State

23

Zip

24

Country

25 US

2a. Mailing Address

26 Gulf Coast Management Services
S 10060 Amberwood Road, Suite 3
27 Fort Myers, FL 33913

City & State

28

Zip

29

Country

30 US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~OPRES, JAMES W JR.
42734 KENWOOD LANE
SUITE 49
FT MYERS FL 33907~~

81 Name Bob Geller
82 Street Address (P.O. Box Number is Not Acceptable)
83 c/o Gulf Coast Management Services
84 10060 Amberwood Road #3
City Ft. Myers FL 85 Zip Code 33913

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS HILL, JIMMY D
CITY-ST-ZIP 20790 COUNTRY CREEK DR., #526
ESTERO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS ROBERTS, MORGAN
CITY-ST-ZIP 20840 COUNTRY CREEK DR., #313
ESTERO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS PRICE, ALBERT
CITY-ST-ZIP 20790 COUNTRY CREEK DR #521
ESTERO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

CR2E037 (10/97)