

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90744 011 \*\*\*\*61.25

**DOCUMENT # 750680**

1. Entity Name

**RIVER WILDERNESS OF EVERGLADES CITY CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**210 COLLIER AVE  
P O BOX 380  
EVERGLADES FL 34139-0380  
US**

**210 COLLIER AVE  
P O BOX 380  
EVERGLADES FL 34139-0380  
US**

**70026490**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0085155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHMAN KENNETH W JA ESQ**

**2640 GOLDEN GATE PARK**

**SUITE 200**

**NAPLES FL 34105-3203**

*New address*

Name

**Kenneth W. Richman, Jr**

Street Address (P.O. Box Number is Not Acceptable)

**8955 JON TANA DEL SOL WAY**

**PO Box 111682**

City

**NAPLES**

FL

Zip Code

**34108**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **RUDD, WALTER**  
STREET ADDRESS **347 CITRUS RIDGE DRIVE**  
CITY-ST-ZIP **DAVENPORT FL 33937**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **RICHARD D. BAIER**  
STREET ADDRESS **PO BOX 8 - 402 N 1st St**  
CITY-ST-ZIP **CISSNA PARK, IL 60924**

TITLE **D** ☐ Delete  
NAME **OWENS, JOHN B**  
STREET ADDRESS **7601 SW 134TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **Director** ☐ Change ☒ Addition  
NAME **John Stiefvator**  
STREET ADDRESS **225 Clinton Rd**  
CITY-ST-ZIP **NEW HARTFORD, NY 13413**

TITLE **D** ☒ Delete  
NAME **RAPS, JOHN G**  
STREET ADDRESS **6850-58TH WAY NORTH # C**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **VALKEMA, ROY**  
STREET ADDRESS **5412 EAST F. G. AVE.**  
CITY-ST-ZIP **KALAMAZOO MI**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **LASKO, GEORGE**  
STREET ADDRESS **5433 TRAMMELL ST**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **BAIER, MYRNA**  
STREET ADDRESS **119 WEST GARFIELD**  
CITY-ST-ZIP **CISSNA PARK IL 60924-0008**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **- PO BOX 8 - 402 N. 1st St**  
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: **SIGNATURE REQUIRED** **MYRNA L. BAIER** **3-6-03** **229 1st 1100**

CR2E037 (10/02)