

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756953

**FILED**  
**May 09, 2022**  
**Secretary of State**  
**2627033803CC****Entity Name:** RIVERBEND HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.**Current Principal Place of Business:**3436 MARINATOWN LANE  
STE 3  
NORTH FORT MYERS, FL 33903**Current Mailing Address:**C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
CAPE CORAL, FL 33915 US**FEI Number:** 59-2608085**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PREMIER CAM SERVICES, LLC  
3436 MARINATOWN LANE  
STE 3  
NORTH FORT MYERS, FL 33903 US*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.***SIGNATURE:** TOSH TRICAS**05/09/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** SECRETARY / TREASURER  
**Name** LANGE, MARK  
**Address** C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
**City-State-Zip:** CAPE CORAL FL 33915**Title** PRESIDENT  
**Name** MATTSON, TERI  
**Address** C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
**City-State-Zip:** CAPE CORAL FL 33915**Title** DIRECTOR  
**Name** ROZUMEK, BOB  
**Address** C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
**City-State-Zip:** CAPE CORAL FL 33915**Title** DIRECTOR  
**Name** TANZMAN, BONNIM  
**Address** C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
**City-State-Zip:** CAPE CORAL FL 33915**Title** VP  
**Name** JINDRA, CINDY  
**Address** C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
**City-State-Zip:** CAPE CORAL FL 33915**Title** DIRECTOR  
**Name** DOANE, BILL  
**Address** C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
**City-State-Zip:** CAPE CORAL FL 33915**Title** DIRECTOR  
**Name** SMITH, FRANK  
**Address** C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
**City-State-Zip:** CAPE CORAL FL 33915**Title** DIRECTOR  
**Name** ALLEN, DENNIS  
**Address** C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
**City-State-Zip:** CAPE CORAL FL 33915**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TERI MATTSON**PRESIDENT****05/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LOPEZ, FIDA KURDY  
Address             PO BOX 152047  
City-State-Zip:    CAPE CORAL FL 33915

Title                 DIRECTOR  
Name                PUPARD, TERA  
Address             PO BOX 152047  
City-State-Zip:    CAPE CORAL FL 33915

Title                 DIRECTOR  
Name                POWELL, MARK  
Address             PO BOX 152047  
City-State-Zip:    CAPE CORAL FL 33915