

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756953

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**9613983915CC****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**04/05/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	PUTNEY, CAROL
Address	C/O PREMIER CAM SERVICES, LLC PO BOX 152047
City-State-Zip:	CAPE CORAL FL 33915

Title	DIRECTOR
Name	SAUER, ARLENE
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	TD
Name	O'BRIEN, JOANNE
Address	C/O PREMIER CAM SERVICES, LLC PO BOX 152047
City-State-Zip:	CAPE CORAL FL 33915

Title	DVP
Name	JINDRA, CYNTHIA
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	GARDNER, BRUCE
Address	C/O PREMIER CAM SERVICES, LLC PO BOX 152047
City-State-Zip:	CAPE CORAL FL 33915

Title	DIRECTOR
Name	EARLY, SHERRY
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:** CAROL PUTNEY**PRESIDENT****04/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SD  
Name MATTSON, TERI  
Address C/O PREMIER CAM SERVICES, LLC  
PO BOX 152047  
City-State-Zip: CAPE CORAL FL 33915

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

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