

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756953

FILED
Mar 16, 2023
Secretary of State
5695221120CC**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**03/16/2023**

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 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

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 ROZUMEK, BOB
Address C/O PREMIER CAM SERVICES, LLC
PO BOX 152047
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name WARNEKE, DANIEL
Address C/O PREMIER CAM SERVICES, LLC
PO BOX 152047
City-State-Zip: CAPE CORAL FL 33915

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

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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: MATTSON , TERI**PRESIDENT****03/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name ALIAGA, VALERIE JO
Address PO BOX 152047
City-State-Zip: CAPE CORAL FL 33915