Electronic Signature of Signing Officer/Director Detail
Lieutonic Signature of Signing Onicel/Director Detail

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 766216

Entity Name: RIVERWOODS PLANTATION RV RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4600 ROBERT E. LEE BLVD. ESTERO, FL 33928

Current Mailing Address:

4600 ROBERT E. LEE BLVD. ESTERO, FL 33928

FEI Number: 59-2449892

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 12140 CARISSA COMMERCE COURT #200 FT MYERS, FL 33966 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP BOAL

Title	PRES	Title	S			
Name	BOAL, PHILIP	Name	SUE , THAXTON			
Address	20021 CUMBERLAND CT.	Address	4731 BAYBERRY WAY WEST			
City-State-Zip:	ESTERO FL 33928	City-State-Zip:	ESTERO FL 33928			
Title	D	Title	DIRECTOR			
Name	MICHAEL, SMITH	Name	STANGLER, STANLEY			
Address	4551 LINCOLN LANE EAST	Address	4600 SLASHPINE WAY WEST			
City-State-Zip:	ESTERO FL 33928	City-State-Zip:	ESTERO FL 33928			
Title	TREASURER	Title	VP			
Title Name	TREASURER AYERS, STEVE	Title Name	VP INMON, DON			
Name	AYERS, STEVE 4670 SLASHPINE WAY WEST	Name	INMON, DON 20121 CUMBERLAND CT			
Name Address	AYERS, STEVE 4670 SLASHPINE WAY WEST	Name Address	INMON, DON 20121 CUMBERLAND CT			
Name Address City-State-Zip:	AYERS, STEVE 4670 SLASHPINE WAY WEST ESTERO FL 33928	Name Address	INMON, DON 20121 CUMBERLAND CT			
Name Address City-State-Zip: Title	AYERS, STEVE 4670 SLASHPINE WAY WEST ESTERO FL 33928 DIRECTOR	Name Address	INMON, DON 20121 CUMBERLAND CT			
Name Address City-State-Zip: Title Name	AYERS, STEVE 4670 SLASHPINE WAY WEST ESTERO FL 33928 DIRECTOR GUNNING , KATHLEEN 4581 SLASHPINE WAY EAST	Name Address	INMON, DON 20121 CUMBERLAND CT			

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

PRESIDENT

Certificate of Status Desired: No

Date

FILED Mar 22, 2022 Secretary of State 1397013309CC

03/22/2022 Date