P.O. BOX 15 CAPE COR/	2047 AL, FL 33915 US			
FEI Number: 20-0543660			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
3436 MARINAT SUITE 3 NORTH FORT	I SERVICES, LLC OWN LANE MYERS, FL 33903 US d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of F	ilorida.
	E: KYLE HUBLER	Ũ	0	02/09/2021
	Electronic Signature of Registered Agent			Date
Officer/Dire				Date
<b>Officer/Dire</b> Title		Title	VP	Date
	ctor Detail :	Title Name	VP SCHULTZ, JEFF	Date
Title	ctor Detail : PRESIDENT			Date
Title Name	ctor Detail : PRESIDENT MARINO, LOU PO BOX 152047	Name Address	SCHULTZ, JEFF	Date
Title Name Address	ctor Detail : PRESIDENT MARINO, LOU PO BOX 152047	Name Address	SCHULTZ, JEFF PO BOX 152047	Date
Title Name Address City-State-Zip:	ctor Detail : PRESIDENT MARINO, LOU PO BOX 152047 CAPE CORAL FL 33915	Name Address	SCHULTZ, JEFF PO BOX 152047	Date
Title Name Address City-State-Zip: Title	ctor Detail : PRESIDENT MARINO, LOU PO BOX 152047 CAPE CORAL FL 33915 ST	Name Address	SCHULTZ, JEFF PO BOX 152047	Date

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: LOU MARINO

PRESIDENT

02/09/2021

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N03000001443

Entity Name: RIVER PLACE TOWNHOUSE ASSOCIATION, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

3436 MARINATOWN LANE SUITE 3 NORTH FORT MYERS, FL 33903

## **Current Mailing Address:**

## FILED Feb 09, 2021 Secretary of State 1820708410CC

Date