

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06427

**Entity Name:** RIVER GARDEN HOLDING COMPANY, INC.

**FILED**  
**Aug 16, 2018**  
**Secretary of State**  
**CC7488100592**

**Current Principal Place of Business:**

% MARTIN GOETZ  
11401 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258-1402

**Current Mailing Address:**

% MARTIN GOETZ  
11401 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258-1402

**FEI Number: 59-2487781**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOETZ, MARTIN A  
11401 OLD AUGUSTINE ROAD  
JACKSONVILLE, FL 32258 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name GRENADIER, EDWARD  
Address 10228 DEERWOOD CLUB ROAD  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT, DIRECTOR  
Name EINSTEIN, GLORIA  
Address 2937 BRAEMAR DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

Title CFO  
Name SORNA, BETTY  
Address 11401 OLD ST. AUGUSTINE RD.  
City-State-Zip: JACKSONVILLE FL 32258-1402

Title SECRETARY, DIRECTOR  
Name LODINGER, MARK  
Address 9831 DEL WEBB PKWY  
UNIT 3102  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, VP  
Name FLEET, JANICE  
Address 11557 HIDDEN HARBOR WAY  
City-State-Zip: JACKSONVILLE FL 32223

Title VP  
Name SCHLESINGER, HARVEY  
Address 300 NORTH HOGAN STREET  
SUITE 11-150  
City-State-Zip: JACKSONVILLE FL 32202

Title CEO  
Name GOETZ, MARTIN  
Address 11401 OLD ST. AUGUSTINE RD.  
City-State-Zip: JACKSONVILLE FL 32258-1402

*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: BETTY SORNA**

**CFO**

**08/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date