

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005310

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC9903801064**

**Entity Name:** RIDE NATURE CORPORATION

**Current Principal Place of Business:**

3100 BAILEY LANE  
NAPLES, FL 34105

**Current Mailing Address:**

3100 BAILEY LANE  
NAPLES, FL 34105 US

**FEI Number:** 27-2763553

**Certificate of Status Desired:** No

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

KOCH, MARK AJR.  
4620 ST. CROIX LN  
UNIT #918  
NAPLES, FL 34109 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 P  
Name KOCH, MARK AJR  
Address 4620 ST. CROIX LN UNIT 918  
City-State-Zip: NAPLES FL 34109

Title VP  
Name KOCH, SHANNON M  
Address 4620 ST. CROIX LN UNIT 918  
City-State-Zip: NAPLES FL 34109

Title BM  
Name BRESSLER, RALPH  
Address 24932 FAIRWINDS LN  
City-State-Zip: BONITA SPRINGS FL 34135

Title BM  
Name MAIN, KEN  
Address 3643 NORTH ROAD  
City-State-Zip: NAPLES FL 34101

Title BM  
Name LAMPION, CARLOS  
Address 6624 TANNIN LANE #A  
City-State-Zip: NAPLES FL 34109

Title BOARD MEMBER  
Name ASHFORD, JOHN  
Address 7879 GARDNER DRIVE  
City-State-Zip: NAPLES FL 34109

Title BOARD MEMBER  
Name DAVID, GREG  
Address 1943 TIMBERLINE DRIVE  
City-State-Zip: NAPLES FL 34109

*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:** SHANNON KOCH

**VICE PRESIDENT**

**01/25/2013**

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

\_\_\_\_\_  
Date