

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005310

**FILED**  
**Mar 08, 2022**  
**Secretary of State**  
**3582376747CC**

**Entity Name:** RIDE NATURE CORPORATION

**Current Principal Place of Business:**

2464 2ND ST  
FT MYERS, FL 33901

**Current Mailing Address:**

2464 2ND ST  
FT MYERS, FL 33901 US

**FEI Number:** 27-2763553

**Certificate of Status Desired:** No

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

KOCH, MARK  
2464 2ND ST  
FT MYERS, FL 33901 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            PRESIDENT  
Name            KOCH, MARK A  
Address        1911 SUNSET PLACE  
City-State-Zip: FORT MYERS FL 33901

Title            DIRECTOR  
Name            WAGNER, HANS  
Address        505 POINSETTIA RD  
City-State-Zip: MELBOURNE FL 32951

Title            CHAIRMAN  
Name            ONEIL, JOE  
Address        1515 BASS LN  
City-State-Zip: FT MYERS FL 33901

Title            DIRECTOR  
Name            KONNERT, BRAD  
Address        2100 TRADE CENTER WAY UNIT D  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            GOLD, DAVID  
Address        10721 PALM BEACH BLVD  
City-State-Zip: FT MYERS FL 33905

Title            TREASURER  
Name            JOHNSON, STEPHEN  
Address        17492 LAUREL VALLEY RD  
City-State-Zip: FORT MYERS FL 33967

Title            DIRECTOR  
Name            CAPOLINO, KELLY  
Address        1911 SUNSET PLACE  
City-State-Zip: FORT MYERS FL 33901

Title            DIRECTOR  
Name            LUTGERT, ERIK  
Address        4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34013

**Continues on page 2**

*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:** MARK KOCH

**PRESIDENT/EXECUTIVE    03/08/2022**  
**DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            OBERSKI, DAN  
Address        3940 ROGERS STREET  
City-State-Zip: FORT MYERS FL 33901