

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011380

FILED
Mar 27, 2017
Secretary of State
CC3534701396

Entity Name: PROJECT DETECT INC.

Current Principal Place of Business:

C/O RIVERWOOD COMMUNITY ASSOCIATION
4250 RIVERWOOD DR
PORT CHARLOTTE, FL 33953

Current Mailing Address:

C/O RIVERWOOD COMMUNITY ASSOCIATION
4250 RIVERWOOD DR
PORT CHARLOTTE, FL 33953 US

FEI Number: 45-4004744

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDERSON, RITA
C/O RIVERWOOD COMMUNITY ASSOCIATION
4250 RIVERWOOD DRIVE
PORT CHARLOTTE, FL 33953 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: RITA ANDERSON

03/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TIERNAN, NANCY
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
 4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title VP
Name THURSTON, LINDA
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
 4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title SECRETARY
Name CEA, ANN
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
 4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title TREASURER
Name ANDERSON, RITA
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
 4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name MINICH, CHARLOTTE MD
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
 4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name KRASNER, JOYCE
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
 4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name GORDON, SUZANNE
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
 4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name BONDE, BETSY
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
 4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

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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: RITA ANDERSON

TREASURER

03/27/2017

Officer/Director Detail Continued :

Title DIRECTOR
Name OTTALAGANA, JEAN
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name MARSHALL, JIBBY
Address C/O RIVERWOOD COMMUNITY ASSOCIATION
4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name WELLING, MAUREEN
Address C/O RIVERWOOD COMMUNITY
ASSOCIATION
4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name GILLESPIE, LISA
Address C/O RIVERWOOD COMMUNITY
ASSOCIATION
4250 RIVERWOOD DR
City-State-Zip: PORT CHARLOTTE FL 33953