2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011380

Entity Name: PROJECT DETECT INC.

Current Principal Place of Business: C/O RIVERWOOD COMMUNITY ASSOCIATION

4250 RIVERWOOD DR

PORT CHARLOTTE, FL 33953

FILED Mar 23, 2019 Secretary of State 0122682143CC

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 03/23/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name THURSTON, LINDA Name CEA, ANN

C/O RIVERWOOD COMMUNITY C/O RIVERWOOD COMMUNITY Address Address

ASSOCIATION ASSOCIATION

4250 RIVERWOOD DR 4250 RIVERWOOD DR

PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953 City-State-Zip: City-State-Zip:

SECRETARY Title Title **TREASURER** BONDE, BETSY ANDERSON, RITA Name Name

C/O RIVERWOOD COMMUNITY C/O RIVERWOOD COMMUNITY Address Address

ASSOCIATION ASSOCIATION 4250 RIVERWOOD DR 4250 RIVERWOOD DR

PORT CHARLOTTE FL 33953 City-State-Zip: PORT CHARLOTTE FL 33953 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name MINICH, CHARLOTTE MD Name KRASNER, JOYCE

C/O RIVERWOOD COMMUNITY C/O RIVERWOOD COMMUNITY Address Address

ASSOCIATION ASSOCIATION

4250 RIVERWOOD DR 4250 RIVERWOOD DR

City-State-Zip: PORT CHARLOTTE FL 33953 City-State-Zip: PORT CHARLOTTE FL 33953

Title **DIRECTOR** Title DIRECTOR

Name COVERT, CINDY Name GILLESPIE, LISA

Address C/O RIVERWOOD COMMUNITY Address C/O RIVERWOOD COMMUNITY **ASSOCIATION ASSOCIATION**

4250 RIVERWOOD DR 4250 RIVERWOOD DR

PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953 City-State-Zip: City-State-Zip:

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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.

03/23/2019 SIGNATURE: RITA ANDERSON **TREASURER**

Officer/Director Detail Continued:

City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name OTTALAGANA, JEAN Name WELLING, MAUREEN

Address C/O RIVERWOOD COMMUNITY ASSOCIATION Address C/O RIVERWOOD COMMUNITY

4250 RIVERWOOD DR

ASSOCIATION
4250 RIVERWOOD DR
4250 RIVERWOOD DR

City-State-Zip: PORT CHARLOTTE FL 33953

City-State-Zip: PORT CHARLOTTE FL 33953

City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name MARSHALL, JIBBY Title DIRECTOR

Name MARSHALL, JIBBY DIRECTOR

Address C/O RIVERWOOD COMMUNITY ASSOCIATION

TIERNAN, NANCY

4250 RIVERWOOD DR Address C/O RIVERWOOD COMMUNITY

PORT CHARLOTTE FL 33953 ASSOCIATION 4250 RIVERWOOD DR

City-State-Zip: PORT CHARLOTTE FL 33953