

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21005

Entity Name: RIVERBREEZE ESTATES PARK UNIT, INC.**Current Principal Place of Business:**409 E. COLLEGE AVENUE
RUSKIN, FL 33570**Current Mailing Address:**409 E. COLLEGE AVENUE
RUSKIN, FL 33570**FEI Number:** 59-2873296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRIMMER, CHRISTINE MRS
409 E. COLLEGE AVENUE
RUSKIN, FL 33570 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:** CHRISTINE TRIMMER

03/04/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GARRETT, CAROL A
Address 409 E. COLLEGE AVE
City-State-Zip: RUSKIN FL 33570

Title SECRETARY
Name SCHELL, YVONNE
Address 409 E. COLLEGE AVE
City-State-Zip: RUSKIN FL 33570

Title T
Name KRUMNOW, LESTER
Address 409 E. COLLEGE AVE
City-State-Zip: RUSKIN FL 33570

Title DIRECTOR
Name PESCHKE, DIANNA
Address 409 E. COLLEGE AVE
City-State-Zip: RUSKIN FL 33570

Title DIRECTOR
Name WHITTINGTON, RICHARD
Address 409 E. COLLEGE AVE
City-State-Zip: RUSKIN FL 33570

Title DIRECTOR
Name FARRAR, MARY
Address 409 E. COLLEGE AVE
City-State-Zip: RUSKIN FL 33570

Title VP
Name SEIBERT, CHARLES
Address 409 E. COLLEGE AVE
City-State-Zip: RUSKIN FL 33570

Title PRESIDENT
Name MAIKE, BRUCE
Address 409 E. COLLEGE AVE
City-State-Zip: RUSKIN FL 33570

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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: BRUCE MAIKE

PRESIDENT

03/04/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BROEMER, ALVIN
Address	409 E. COLLEGE AVE
City-State-Zip:	RUSKIN FL 33570