

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26263

Entity Name: RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 08, 2021
Secretary of State
1343173977CC**Current Principal Place of Business:**777 WALKERBILT RD.
#42
NAPLES, FL 34110**Current Mailing Address:**777 WALKERBILT RD.
#42
NAPLES, FL 34110 US**FEI Number: 58-1789804****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOMBARD-GOTTO, CINDY
3380 WOODS EDGE CIRLE
SUITE 103
BONITA SPRINGS, FL 34134 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:** CINDY BOMBARD-GOTTO

03/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR & TREASURER
Name ANDERSON, CRISTIE
Address 777 WALKERBILT RD #21
City-State-Zip: NAPLES FL 34110**Title** DIRECTOR & VICE PRESIDENT
Name DEMMINK, RICK
Address 777 WALKERBILT RD, #32
City-State-Zip: NAPLES FL 34110**Title** DIRECTOR
Name HALL, LAURIE
Address 777 WALKERBILT RD. #10
City-State-Zip: NAPLES FL 34110**Title** DIRECTOR & PRESIDENT
Name MORAN, KYLE
Address 777 WALKERBILT RD. #25
City-State-Zip: NAPLES FL 34110**Title** DIRECTOR & SECRETARY
Name MOUZAKIS, GEORGE
Address 777 WALKERBILT RD. #8
City-State-Zip: NAPLES FL 34110

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: KYLE MORAN**DIRECTOR & PRESIDENT** 03/08/2021

Electronic Signature of Signing Officer/Director Detail

Date