

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26263

Entity Name: RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 21, 2024
Secretary of State
3023369951CC**Current Principal Place of Business:**COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909**Current Mailing Address:**777 WALKERBILT ROAD
UNIT 42
NAPLES, FL 34110 US**FEI Number: 58-1789804****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COMPASS ROSE MANAGEMENT
COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909 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: PHIL LUTZI****02/21/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	DEMMINK, RICK
Address	C/O COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	TREASURER
Name	LAKIN, GARRY
Address	777 WALKERBILT ROAD UNIT 42
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	MORGAN, BOB
Address	C/O COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	DIRECTOR
Name	JAMES, ROGER
Address	777 WALKERBILT ROAD UNIT 42
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	TIMMERMANN, JOHN
Address	777 WALKERBILT ROAD UNIT 42
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: WENDY STAMNAS**PRESIDENT****02/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date