

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26263

Entity Name: RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 18, 2016
Secretary of State
CC6274704475**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:**BECKER & POLIAKOFF, P.A.
NORTHERN TRUST BANK BUILDING
4001 TAMiami TRAIL NORTH, SUITE 410
NAPLES, FL 34103 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HEBEL, ALVA
Address	777 WALKERBILT RD #39
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	DONLE, WAYNE
Address	777 WALKERBILT RD, #33
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	DEMMINK, RICK
Address	777 WALKERBILT RD. #32
City-State-Zip:	NAPLES FL 34110

Title	SECRETARY AND TREASURER
Name	DENNIS, MICHELE
Address	777 WALKERBILT RD. #22
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	CASPERSEN, LENNART
Address	777 WALKERBILT RD. #28
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	GILLAN, JOHN
Address	777 WALKERBILT RD. #34
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	WEIDNER, RONALD
Address	777 WALKERBILT RD. #41
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: MICHELE DENNIS**SECRETARY AND
TREASURER****03/18/2016**

