

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26263

Entity Name: RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 16, 2020
Secretary of State
7762538648CC**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:**DAVIS, JOHN
28901 TRAILS EDGE BLVD.
SUITE 205
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: JOHN DAVIS****04/16/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name TIMMERMANN, MARY
Address 777 WALKERBILT RD #39
City-State-Zip: NAPLES FL 34110**Title** DIRECTOR
Name GILLAN, JOHN
Address 777 WALKERBILT RD, #34
City-State-Zip: NAPLES FL 34110**Title** SECRETARY/TREASURER
Name MILLER, BILL
Address 777 WALKERBILT RD. #7
City-State-Zip: NAPLES FL 34110**Title** PRESIDENT
Name MCCABE, DENNIS
Address 777 WALKERBILT RD. #30
City-State-Zip: NAPLES FL 34110**Title** VP
Name WEIDNER, RONALD
Address 777 WALKERBILT RD. #41
City-State-Zip: NAPLES FL 34110**Title** DIRECTOR
Name MCCABE, DENNIS
Address 777 WALKERBILT ROAD #30
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: BILL MILLER**TREASURER****04/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date