FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 22 AM 9:07

DOCUMENT # 708737 (2)

1. Corporation Name
RIVER FOREST COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13506 ISLAND ROAD, S.E. FORT MYERS FL 33905	13506 ISLAND ROAD, S.E. FORT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1965
3a. Date of Last Report: 05/18/1994
4. FEI Number: 59-6175994 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KITCHEN, KENNETH
13755 RIVER FOREST DR.
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name: MAYES NORMAN
82 Street Address (P.O. Box Number is Not Acceptable): 134123 Mini Way
83: Ft. Myers
84 City: FL 85 Zip Code: 33905

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Norman K Mayes 3/13/95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	Pres	☒ Change ☐ Addition
NAME	MAYES, NORMAN	1.2 NAME	MAYES, NORMAN	
STREET ADDRESS	134123 MINI WAY	1.3 STREET ADDRESS	134123 Mini Way	
CITY-ST-ZIP	FT. MYERS FL 33905	1.4 CITY-ST-ZIP	Ft. Myers, Fl 33905	
TITLE	P	2.1 TITLE	V. Pres	☒ Change ☐ Addition
NAME	KITCHEN, KENNETH	2.2 NAME	William West	
STREET ADDRESS	13757 RIVER FOREST DR.	2.3 STREET ADDRESS	13887 River Forest Dr	
CITY-ST-ZIP	FT. MYERS FL 33905	2.4 CITY-ST-ZIP	Ft. Myers, Fl 33905	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	KITCHEN, MARYLOU	3.2 NAME	Karen McKittrick	
STREET ADDRESS	13757 RIVER FOREST DR.	3.3 STREET ADDRESS	13820 Sleepy Hollow Ln	
CITY-ST-ZIP	FT. MYERS FL 33905	3.4 CITY-ST-ZIP	Ft. Myers, Fl. 33905	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, DOROTHY	4.2 NAME		
STREET ADDRESS	13869 RIVER FOREST DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33905	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE	D	☐ Change ☐ Addition
NAME	JUSTINE, HARRELL	5.2 NAME	MARVIN HANSON	
STREET ADDRESS	13749 OXBOW RD.	5.3 STREET ADDRESS	13869 River Forest Dr	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	Ft. Myers, Fl. 33905	
TITLE	AT	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MAYES, DEANNICE	6.2 NAME	Milicent Calabre	
STREET ADDRESS	13413 MINI WAY	6.3 STREET ADDRESS	13398 Journeys End	
CITY-ST-ZIP	FT. MYERS FL 33905	6.4 CITY-ST-ZIP	Ft. Myers FL 33905	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy M. Hanson Treo DOROTHY M. HANSON 3/21/95 694-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069920

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due [illegible] check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

D.
Mary Linthicum
13739 River Forest Dr.
Ft. Myers, Fl. 33905

Block 1. Block 1 is preprinted with the co[illegible] ported to our office. The name of corporation cannot be chang[illegible]

Block 2. Enter the principal place of bus[illegible], in Block 2.

Block 2a. If the computer-entered mailing[illegible] able.

Block 3. Enter the date of incorporation[illegible]

Block 3a. Enter the file date of the last fil[illegible]

Block 4. Complete Block 4 by entering [illegible] s preprinted in Block 4, you must now provide the FEI number.[illegible]

Block 5. Should you desire a certificat[illegible] an additional $8.75 with your filing fee.

Block 6. Florida law allows for a volun[illegible] paigns for the offices of the Governor and members of the Cabinet.

Block 7. If this corporation is a non-p[illegible] se check the box. The corporation is not subject to the $68.75 [illegible] ons must pay the supplemental corporation fee. Please dire[illegible]

Block 8. Check the appropriate box.[illegible]

Block 9. The law requires that each [illegible] correct, enter the correct information in Block 10. There is no add[illegible]

Block 10. Enter name of new Registe[illegible] T acceptable for service of process. THE CORPORATION CANN[illegible]

Block 11. The new registered agent [illegible] d this appointment by completing and signing in Block 11. No sig[illegible] oration, the person signing must state their position with the cor[illegible]

Block 12. Block 12 contains the last[illegible] rrections or additions are to be made in block 13. If there is no ch[illegible]

Block 13. Block 13 is for changes o[illegible]. Use the following type symbols on the title line: *P=President; V[illegible] holds more than one position, enter all positions, e.g., S/D; V/S;[illegible]* R STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED[illegible] OF AGE OR OLDER. NOTE: If officer or director's address is cor[illegible] rs/Directors must list street addresses. If there is no street addr[illegible]

Block 14. This report must be signed in Block [illegible] or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corp[illegible] must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.