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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33905-1841

3. Date Incorporated or Qualified: 04/02/1965
3a. Date of Last Report: 02/26/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HANSON, MARVIN T
13869 RIVERFOREST DRIVE
FT. MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE James P. Hanson 4/25/97
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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HANSON, MARVIN T		1.2 NAME	
STREET ADDRESS	13869 RIVER FOREST DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	REYNOLDS, EDWARD		2.2 NAME	CALABRE, RENE
STREET ADDRESS	13314 ISLAND ROAD		2.3 STREET ADDRESS	13398 JOURNEY'S END
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	Ft. Myers, FL 33905
TITLE	S	☒ DELETE	3.1 TITLE	S ☐ Change ☐ Addition
NAME	MCKITTRICK, KAREN		3.2 NAME	JUNE MILLER
STREET ADDRESS	13820 SLEEPY HOLLOW LN		3.3 STREET ADDRESS	13855 LAZY LN
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	T	☒ DELETE	4.1 TITLE	T ☐ Change ☐ Addition
NAME	HANSON, DOROTHY		4.2 NAME	MELINDA HILL
STREET ADDRESS	13869 RIVER FOREST DR.		4.3 STREET ADDRESS	13896 SLEEPY HOLLOW LN
CITY-ST-ZIP	FT. MYERS FL 33905		4.4 CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RANSOM, FRANK		5.2 NAME	
STREET ADDRESS	13879 LAZY LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	D ☐ Change ☐ Addition
NAME	CALABRE, MILICENT		6.2 NAME	EDWARD REYNOLDS
STREET ADDRESS	13398 JOURNEYS END		6.3 STREET ADDRESS	13314 ISLAND ROAD
CITY-ST-ZIP	FT. MYERS FL		6.4 CITY-ST-ZIP	FT. MYERS, FL 33905

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: ~~SIGNATURE REQUIRED~~ 4/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0056119