

FILE NOW: FILING FEE IS \$61.25

FILED
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
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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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/02/1965	3a. Date of Last Report 02/26/1996
21		26		4. FEI Number 59-6175994	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
23	Zip	Country	28	Zip	Country
24	25	29	30		

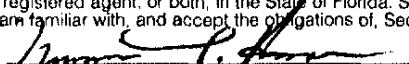
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

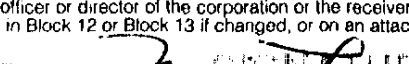
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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  DATE **4/25/97**

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	☐ Change ☐ Addition
NAME	REYNOLDS, EDWARD	2.2 NAME	VP
STREET ADDRESS	13314 ISLAND ROAD	2.3 STREET ADDRESS	CALABRE, RENE
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	13398 JOURNEY'S END
TITLE	S ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCKITTRICK, KAREN	3.2 NAME	S
STREET ADDRESS	13820 SLEEPY HOLLOW LN	3.3 STREET ADDRESS	JUNE MILLER
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	13855 LAZY LN
TITLE	T ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HANSON, DOROTHY	4.2 NAME	T
STREET ADDRESS	13869 RIVER FOREST DR.	4.3 STREET ADDRESS	MELINDA HILL
CITY-ST-ZIP	FT. MYERS FL 33905	4.4 CITY-ST-ZIP	13896 SLEEPY HOLLOW LN
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RANSOM, FRANK	5.2 NAME	
STREET ADDRESS	13878 LAZY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CALABRE, MILICENT	6.2 NAME	D
STREET ADDRESS	13398 JOURNEYS END	6.3 STREET ADDRESS	EDWARD REYNOLDS
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	13314 ISLAND ROAD
			FT. MYERS, FL 33905

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:  DATE **4/25/97**

CR2E037 (9/96)