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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 04/02/1965

4. FEI Number: 59-6175994 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: MELINDA HILL
82 Street Address (P.O. Box Number is Not Acceptable): 13896 SLEEPY HOLLOW LN
83: FT. MYERS, FL 33905
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: MELINDA HILL Melinda Hill — DATE: 4-10-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HANSON, MARVIN T 13869 RIVER FOREST DRIVE FT. MYERS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CALABRE, RENE 13398 JOURNEY'S END FT. MYERS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP SHELIA ZAKENS 13540 ISLAND RD. FT. MYERS, FL 33905	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, JUNE 13855 LAZY LANE FT. MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HILL, MELINDA 13896 SLEEPY HOLLOW LANE FT. MYERS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANSOM, FRANK 13879 LAZY LANE FT. MYERS FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D. TY HILL 13896 SLEEPY HOLLOW LN FT. MYERS, FL 33905	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, EDWARD 13314 ISLAND RD. FT. MYERS FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I 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: Melinda Hill MELINDA HILL 4-10-98 941-694-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #