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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708737

1. Corporation Name

RIVER FOREST COMMUNITY ASSOCIATION, INC.



Principal Place of Business

13508 ISLAND ROAD, S.E.
FORT MYERS FL 33905

Mailing Address

13508 ISLAND ROAD, S.E.
FORT MYERS FL 33905



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/02/1965	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6175994	
24 Country		29 Country		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HILL, MELINDA 13896 SLEEPY HOLLOW LN FT. MYERS FL 33905				81 Name MARVIN HANSON	
				82 Street Address (P.O. Box Number is Not Acceptable) 13869 RIVER FOREST DR.	
				83	
				84 City FT MYERS	
				85 Zip Code 33905	
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	
[Signature]				4/13/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	PRESIDENT
NAME	ZAKENS, SHEILA	1.2 NAME	MARVIN HANSON
STREET ADDRESS	13540 ISLAND RD	1.3 STREET ADDRESS	13869 RIVER FOREST DR.
CITY-ST-ZIP	FT. MYERS FL 33905	1.4 CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	S	2.1 TITLE	VICE PRESIDENT
NAME	MILLER, JUNE	2.2 NAME	PAT PRSTUCH
STREET ADDRESS	13855 LAZY LANE	2.3 STREET ADDRESS	13873 LAZY LN.
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	T	3.1 TITLE	
NAME	HILL, MELINDA	3.2 NAME	
STREET ADDRESS	13896 SLEEPY HOLLOW LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	HILL, TY	4.2 NAME	Karen Taylor
STREET ADDRESS	13896 SLEEPY HOLLOW LN	4.3 STREET ADDRESS	13349 Island Rd.
CITY-ST-ZIP	FT. MYERS FL 33905	4.4 CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	D	5.1 TITLE	D
NAME	REYNOLDS, EDWARD	5.2 NAME	BILL WEST
STREET ADDRESS	13314 ISLAND RD.	5.3 STREET ADDRESS	13887 RIVER FOREST DR.
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

1-941-694-1922