## 2000 UNIFORM BUSINESS REPORT (UBR) May $2\bar{2}$ , $2000\,8:00$ am DOCUMENT # 708737 Secretary of State 1. Entity Name RIVER FOREST COMMUNITY ASSOCIATION, INC. 04-24-2000 90040 018 \*\*\*\*61.25 Principal Place of Business Mailing Address 13506 ISLAND ROAD, S.E. 13506 ISLAND ROAD, S.E. FORT MYERS FL 33905 FORT MYERS FL 33905-1841 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59 6175994 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HANSON, MARVIN 13873 Lazy Lane 13896 SLEEPY HOLLOW LN FT. MYERS FL 33905 Et. Myers, Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 🗘 Delete TITLE Change President HANSON, MARVIN NAME NAME Patricia Pastuch STREET ADDRESS STREET ADDRESS 13869 RIVER FOREST DR. 13873 Lazy Lane CITY-ST-ZIP CITY ST-ZIP FT. MYERS FL 33905 33905 t. Myers, Fl. Change TITLE VP □ Delete TITLE Vice President PRSTUCH, PAT NAME NAME Edward B. Zakens, Jr. STREET ADDRESS STREET ADDRESS 13873 LAZY LN. 13540 Island Rd. CITY-ST-ZIP FORT-MYERS FL 33905 CiTY-ST-ZIP-Fr: Myers, -F1, / 33905 ☐X Change TITLE Delete TITLE Treasurer NAME HILL MELINDA NAME Shelia Zakens

13349 Island Rd. CITY-ST-ZIP Ft.My, 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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13540 Island Ad.

Jan Euwe. 13343 Island Ad. - Fl<u>33905</u>

13887 River Vorest Dr.

Ft. Myers, Fl.

Et. Myers, Fl.

Et. Myers, El.

Karen Taylor

Director Jan Edwards

Director

Bill West

Director

SIGNATURE PROUBED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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TITLE

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13896 SLEEPY HOLLOW LANE

FT. MYERS FL

Taylor, Karen

West, Bill

13349 ISLAND RD.

FT. MYERS FL 33905

13887 RIVER FOREST DR.

FORT MYERS FL 33905

33905

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