FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # 708737** 1. Entity Name 4-05-2001 90085 033 ****61.25 RIVER FOREST COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 13506 ISLAND ROAD. S.E. 13506 ISLAND ROAD, S.E. FORT MYERS FL 33905 FORT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6175994 Not Applicable Zip Zio -=Country \$8.75 Additional - -Country 5. Certificate of Status Desired 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) PASTUCH, PATRICIA 13873 LAZY LANE FT. MYERS FL 33905 Zip Code 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. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Addition TITLE TITLE 👿 Delete President NAME HANSON, MARVIN Pastuch, Patricia NAME STREET ADDRESS STREET ADDRESS 13869 RIVER FOREST DR. 13873 Lazy Ln. CITY-ST-ZIP 33905 CITY-ST-ZIP Ft. Myers, Fl. FT. MYERS FL 33905 Change ☐ Addition TITLE TITLE Delete V. President NAME PRSTUCH, PAT NAME Edward B. Zakens; Jr. STREET ADDRESS STREET ADDRESS - 13873 LAZY LN.--3540 Island Rd. t. Myers, Fl. 33905 CITY-ST-ZiP CITY-ST-ZIP FORT MYERS FL 33905 ☐ Change ■ Addition Z**X**Delete TITLE Treasurer TITI F Shelia Zakens HILL, MELINDA NAME NAME STREET ADDRESS STREET ADDRESS 13896 SLEEPY HOLLOW LANE 13540 Island Rd/ CITY-ST-ZIP CITY-ST-ZIP <u>Ft. Myers, Fl. 33905</u> ft. Myers fl Change Addition TITLE ☐ Delete TITLE TAYLOR, KAREN NAME STREET ADDRESS STREET ADDRESS 13349 ISLAND RD. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete TITLE ☐ Change Addition TITLE WEST, BILL NAME NAME

12. Thereby 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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

13887 RIVER FOREST DR.

FORT MYERS FL 33905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-3-01

Daytime Phone #

☐ Change

☐ Addition