

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-14-2002 90058 007 ****61.25

DOCUMENT # 708737

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6175994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

WILLIAM WEST

Street Address (P.O. Box Number is Not Acceptable)

13887 RIVER FOREST DRIVE

City

FT MYERS

FL

Zip Code

33905

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

William West

**WILLIAM WEST
 PRESIDENT**

3/1/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **P**
PASTUCH, PATRICIA
 STREET ADDRESS **13873 LAZY LANE**
 CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE ☐ Delete
 NAME **VP**
ZAKENS, EDWARD B JR
 STREET ADDRESS **13540 ISLAND ROAD**
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE ☐ Delete
 NAME **T**
ZAKENS, SHELIA
 STREET ADDRESS **13540 ISLAND ROAD**
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE ☐ Delete
 NAME **D**
TAYLOR, KAREN
 STREET ADDRESS **13349 ISLAND RD.**
 CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE ☒ Delete
 NAME **D**
WEST, BILL
 STREET ADDRESS **13887 RIVER FOREST DR.**
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **P**
WILLIAM WEST
 STREET ADDRESS **13887 RIVER FOREST DRIVE**
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☒ Change ☐ Addition
 NAME **VP**
JOSEPH FANELLI
 STREET ADDRESS **13849 SLEEPY HOLLOW LANE**
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☒ Change ☐ Addition
 NAME **T**
DOUGLAS, PRITCHARD
 STREET ADDRESS **13509 ISLAND RD**
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☒ Change ☐ Addition
 NAME **D**
BRENDA RIDGELEY
 STREET ADDRESS **13539 ISLAND RD**
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☒ Change ☐ Addition
 NAME **D**
BARBARA VENEMA
 STREET ADDRESS **13751 OXBOW RD.**
 CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 to this address, with all other like empowered.

SIGNATURE:

DOUGLAS PRITCHARD **DOUGLAS PRITCHARD, TREAS.** *3/1/02* *941 690 0543*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)