



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 708737 1. Entity Name RIVER FOREST COMMUNITY ASSOCIATION, INC.						FILED 05 OCT 10 AM 11:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13506 ISLAND ROAD, S.E. FORT MYERS, FL 33905				Mailing Address 13506 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					
4. FEI Number 59-6175994				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PRITCHARD, DOUGLAS 13509 ISLAND RD FORT MYERS, FL 33905				7. Name and Address of New Registered Agent Name <u> SHANE </u> Street Address (P.O. Box Number is Not Acceptable) City <u> FL </u> Zip Code <u> </u>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u> <i>Richard Douglas Pritchard</i> </u> DOUGLAS PRITCHARD, PRESIDENT <u> 10/7/05 </u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRITCHARD, DOUGLAS 13509 ISLAND RD FT. MYERS, FL 33905 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060456183 10/10/05--01072--004 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FANELLE, JOSEPH 13849 SLEEPY HOLLOW LANE FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP RICHARD FOSTER 13827 RIVER FOREST DR FT. MYERS FL 33905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEANNIDES, NICOLE 13511 ISLAND RD FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T OMAR SICKLES 13802 RIVER FOREST DR. FT MYERS FL 33905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEST, DELIGHT K 13887 RIVER FOREST DR. FORT MYERS, FL 33905 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u> <i>R.10/12</i> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLA, BILL 13501 ISLAND RD FORT MYERS, FL 33905 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 with an address, with all other like empowered.							
SIGNATURE: <u> <i>Richard Douglas Pritchard</i> </u> DOUGLAS PRITCHARD, PRESIDENT <u> 10/7/05 </u> 839 690-0543 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							