

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90177 041 ****61.25

DOCUMENT # 708737 1. Entity Name RIVER FOREST COMMUNITY ASSOCIATION, INC.					
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	Zip	Country	4. FEI Number 59-6175994	
				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 SICKLES, OMAR Street Address (P.O. Box Number is Not Acceptable) 13802 RIVER FOREST DR City FT. MYERS FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE OMAR SICKLES <i>Mar Sickles</i> 27 FEB 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISZMANN, FREDRICK 13514 ISLAND RD FT MYERS, FL 33905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOSTER, RICHARD 13827 RIVER FOREST DR FT 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	T SICKLES, OMAR 13802 RIVER FOREST DR FT 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	DS WEST, DELIGHT K 13887 RIVER FOREST DR. FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYKO, JUNE 13864 SLEEPY HOLLOW RD FT. MYERS, FL 33905	
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 exemptions contained in Chapter 119, 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: OMAR SICKLES <i>Mar Sickles</i> 27 FEB 2006 2396903003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					