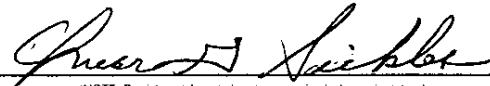


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 022 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6175994	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SICKLES, OMAR 13802 RIVER FOREST DR FORT MYERS, FL 33905			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE OMAR G SICKLES Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating) 31 MAR 2008 DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 WIESZMANN, FREDRICK 13514 ISLAND ROAD FORT MYERS, FL 33905	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SICKLES, OMAR SICKLES, OMAR 13802 RIVER FOREST DR FORT MYERS, FL 33905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOSTER, RICHARD 13827 RIVER FOREST DR FT MYERS, FL 33905	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDMONDSON, MIKE 13573 SLEEPY HOLLOW LN FORT MYERS, FL 33905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SICKLES, OMAR 13802 RIVER FOREST DR FT MYERS, FL 33905	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROUCKAERT, RONALD 13750 OXBOW RD FORT MYERS, FL 33905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELLA, KATHY 13501 ISLAND RD FORT MYERS, FL 33905	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAIRE, DELORIS 13808 RIVER FOREST DR FORT MYERS, FL 33905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREESWICK, LARRY 13513 ISLAND RD FORT MYERS, FL 33905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONDSON, MIKE 13533 SEREDY HOLLOW FORT MYERS, FL 33905	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, GENE 13743 OXBOW RD FORT MYERS, FL 33905	☒ Change ☐ 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 G SICKLES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				31 MAR 2008 Date	239-680-3903 Daytime Phone #