

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708737

FILED
Feb 22, 2010
Secretary of State

Entity Name: RIVER FOREST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

13506 ISLAND ROAD
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

13506 ISLAND ROAD
FORT MYERS, FL 33905 US

New Mailing Address:

FEI Number: 59-6175994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SICKLES, OMAR
13802 RIVER FOREST DRIVE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

PRITCHARD, DOUGLAS
13509 ISLAND ROAD
FORT MYERS, FL 33905 US

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: DOUGLAS PRITCHARD

02/22/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: EDMONDSON, MIKE S
Address: 13373 SLEEPY HOLLOW LN
City-St-Zip: FORT MYERS, FL 33905 US

Title: V
Name: CROSON, ROBERT
Address: 13508 ISLAND ROAD
City-St-Zip: FORT MYERS, FL 33905 US

Title: T
Name: PRITCHARD, DOUGLAS
Address: 13509 ISLAND ROAD
City-St-Zip: FORT MYERS, FL 33905 US

Title: S
Name: DELORES, CLAIRE
Address: 13808 RIVER FOREST DR
City-St-Zip: FORT MYERS, FL 33905 US

Title: D
Name: FREESWICK, LARRY
Address: 13513 ISLAND RD
City-St-Zip: FORT MYERS, FL 33905 US

Title: D
Name: HAMILTON, GENE
Address: 13743 OXBOW RD
City-St-Zip: FORT MYERS, FL 33905 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS PRITCHARD

T

02/22/2010

Electronic Signature of Signing Officer or Director

Date