


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 03 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 735377 (4)

1. Corporation Name
RIVERVUE-LAGOON ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 130 MONTROSE DRIVE FT. MYERS FL 33919 | Mailing Address 130 MONTROSE DRIVE FT. MYERS FL 33919 |
|---|---|

| | |
|--|---|
| 2. Principal Place of Business 21 138 PLACID DR Suite, Apt. #, etc. | 2a. Mailing Address 26 138 PLACID DR Suite, Apt. #, etc. |
| City & State 23 FT. MYERS, FL | City & State 27 FT. MYERS, FL |
| Zip 24 33919 | Country 25 USA |
| Zip 28 33919 | Country 30 USA |

9. Name and Address of Current Registered Agent

**BENTON, THOMAS
130 MONTROSE DRIVE
FT. MYERS FL 33919**

3. Date Incorporated or Qualified
03/24/1976

4. FEI Number
59-1660386

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name JOSEPH AMBURGEY

82 Street Address (P.O. Box Number is Not Acceptable) 138 PLACID DR.

83 FT. MYERS

84 City

85 Zip Code FL 33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Joe Amburgey S. Director** **July 17-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | BENTON, THOMAS | |
| STREET ADDRESS | 130 MONTROSE DRIVE | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BENTON, NORMA T. | |
| STREET ADDRESS | 130 MONTROSE DR. | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILSON, CHRISTA | |
| STREET ADDRESS | 125 MONTROSE DR. | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILSON, DWIGHT | |
| STREET ADDRESS | 125 MONTROSE DR. | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BUCK, VIRGINIA | |
| STREET ADDRESS | 186 PLACID DR. | |
| CITY-ST-ZIP | FT. MYERS, FL 33919 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BUCK, J. GARY | |
| STREET ADDRESS | 186 PLACID DR. | |
| CITY-ST-ZIP | FT. MYERS, FL 33919 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Amburgey, Joseph | |
| 1.3 STREET ADDRESS | 138 PLACID DR. | |
| 1.4 CITY-ST-ZIP | FT MYERS FL, 33919 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Amburgey, SUSAN | |
| 2.3 STREET ADDRESS | 138 PLACID DR. | |
| 2.4 CITY-ST-ZIP | FT. MYERS FL, 33919 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | 400002608400 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | -08/05/98--01099--010 | |
| 5.3 STREET ADDRESS | ***61.25 | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment, with an address.

SIGNATURE **Joe Amburgey S. Director** **July 17-98** **437-1914**

CR2E037 (10/97)