

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749499** (0)
1. Corporation Name
RIVERWOOD ESTATES HOMEOWNERS ASSOCIATION INC.



Principal Place of Business: **240 RIVERWOOD ROAD NAPLES FL 33961**
Mailing Address: **240 RIVERWOOD ROAD NAPLES FL 33961**

3. Date Incorporated or Qualified: **10/24/1979**
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0484978		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Zip		Country		29		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DELOACH, GUION T 2335 TAMIAMI TR N #310 NAPLES FL 33940				81 Name			
				David E. Bruner BRUNER			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1645 Ludlow Road,			
				83			
				84 City		85 Zip Code	
				Marco Island,		FL 33937	

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: *[Signature]* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: **2/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	11 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, CLIFTON	12 NAME	Roy Hall
STREET ADDRESS	875 MANATEE RD	13 STREET ADDRESS	234 Riverwood Road,
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL.
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRR, GERALD	22 NAME	
STREET ADDRESS	208 RIVERWOOD ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TECRONEY, BARBARA	32 NAME	
STREET ADDRESS	201 RIVERWOOD RD	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	ATD <input checked="" type="checkbox"/> DELETE	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, ROBERT	42 NAME	George Smith
STREET ADDRESS	269 RIVERWOOD RD	43 STREET ADDRESS	215 Rookery Road,
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, FL.
TITLE	SD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, HELEN	52 NAME	
STREET ADDRESS	159 ROOKERY RD	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHREFFLER, JAMES	62 NAME	Bill Sellars
STREET ADDRESS	131 ROOKERY RD	63 STREET ADDRESS	923 Manatee Road,
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP	Naples, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* BARBARA TECRONEY **2/23/96 (941) 732-5377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)