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Secretary of State

04-20-1999 90214 005 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749499

1. Corporation Name

RIVERWOOD ESTATES HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

240 RIVERWOOD ROAD
NAPLES FL 34114-9998 **3938**
US

Mailing Address

240 RIVERWOOD ROAD
NAPLES FL 34114-9998 **3938**
US

3 6 5 8
365036 - 90214 - 3 6 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/24/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0484978	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

PINTER, MICHAEL
4328 CORPORATE SQ
STE C
NAPLES FL 34104

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD, DAVID WHITE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDICK, HOWARD B			1.2 NAME	WHITE, DAVID H.		
STREET ADDRESS	285 RIVERWOOD RD			1.3 STREET ADDRESS	259 RIVERWOOD RD.		
CITY-ST-ZIP	NAPLES FL 34114			1.4 CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SANTORO, ALEXANDRA			2.2 NAME	WATSON, J CLIFFORD		
STREET ADDRESS	210 RIVERWOOD RD			2.3 STREET ADDRESS	115 AUDUBON RD.		
CITY-ST-ZIP	NAPLES FL 34114			2.4 CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	LA CASSE, RICHARD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELLIS, JEWELL			3.2 NAME	214 RIVERWOOD RD.		
STREET ADDRESS	1772 BEVERLY DR			3.3 STREET ADDRESS	NAPLES, FL 34114		
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	ATD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITE, DAVID			4.2 NAME	MC DOWELL, RUTH		
STREET ADDRESS	259 RIVERWOOD RD			4.3 STREET ADDRESS	4 LAKE DIANE DR.		
CITY-ST-ZIP	NAPLES FL 34114			4.4 CITY-ST-ZIP	NAPLES, FL 34114		
TITLE	ASD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAIS, JEAN			5.2 NAME			
STREET ADDRESS	293 RIVERWOOD RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34114			5.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANKSHEAR, RONALD F			6.2 NAME			
STREET ADDRESS	212 RIVERWOOD RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34114			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, with all other like empowered.

SIGNATURE:

SIGNATURE

JEWELL H. ELLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 732-5666

Date

Daytime Phone #

CR2EN37 111091