

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90164 048 \*\*\*\*61.25

**DOCUMENT # 749499**

1. Entity Name

**RIVERWOOD ESTATES HOMEOWNERS ASSOCIATION INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0484978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PINTER, MICHAEL  
4328 CORPORATE SQUARE  
SUITE C  
NAPLES FL 34104-4780**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME	PD CHAFE, PHILIP	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1517 BEVERLY DR. NAPLES FL 34114	
TITLE NAME	VP BERNOSKY, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	31 ISLAND LAKE LANE NAPLES FL 34114	
TITLE NAME	TD HUNNEYMAN, NORMAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	216 ROOKARY RD 1 NAPLES FL 34114	
TITLE NAME	D POHORILAK, LILLIAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12 LAKE DIANE DRIVE NAPLES FL 34114	
TITLE NAME	ASD SANTORO, ALEXANDRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	210 RIVERWOOD DRIVE NAPLES FL 34114	
TITLE NAME	<del>Secretary Kissel</del>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<del>258 Riverwood Dr.</del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO

TITLE NAME	Secretary Kissel, Jennifer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	258 Riverwood Dr. NAPLES, FL 34114-3938	
TITLE NAME	VP Noble, Hugh	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	235 Riverwood Dr. NAPLES, FL 34114-3938	
TITLE NAME	Director Rex, Albert	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	873 Margaret Rd. NAPLES, FL 34114-3938	
TITLE NAME	Asst. Treasurer Tracy, Byron	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	120 Rookary Rd. NAPLES, FL 34114-3938	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 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: *Norman Hunneyman*

SIGNATURE REQUIRED

2/21/03 239-417-4496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)