SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $360)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:01

DOCUMENT # 750680 (1)

1. Corporation Name

RIVER WILDERNESS OF EVERGLADES CITY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~102 E. BROADWAY~~ ~~P. O. BOX 380~~ ~~EVERGLADES CITY FL 33929-7380~~	~~102 E. BROADWAY~~ ~~P. O. BOX 380~~ ~~EVERGLADES CITY FL 33929-7380~~

3. Date Incorporated or Qualified: 01/21/1980
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0085155 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 210 Collier Avenue	26 210 Collier Avenue
22 Suite, Apt. #, etc. P.O. Box 380	27 Suite, Apt. #, etc. P.O. Box 380
23 City & State Everglades City, FL	28 City & State Everglades City, FL
24 Zip 33929-0380 25 Country Collier	29 Zip 33929-0380 30 Country Collier

9. Name and Address of Current Registered Agent

RICHMAN KENNETH W JA ESQ
2640 GOLDEN GATE PARK,
SUITE 206
NAPLES FL 33942

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1 1 TITLE		☐ Change ☐ Addition
NAME	WILSON, ELROD	1 2 NAME		
STREET ADDRESS	6311 SW THIRD ST.	1 3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	1 4 CITY-ST-ZIP		
TITLE	S	2 1 TITLE		☐ Change ☐ Addition
NAME	BAIER, RICHARD	2 2 NAME		
STREET ADDRESS	119 WEST GARFIELD	2 3 STREET ADDRESS		
CITY-ST-ZIP	CISSNA PK IL	2 4 CITY-ST-ZIP		
TITLE	P	3 1 TITLE		☐ Change ☐ Addition
NAME	HARRELL, JAMES	3 2 NAME		
STREET ADDRESS	955 PALM VIEW DR.	3 3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3 4 CITY-ST-ZIP		
TITLE	D	4 1 TITLE		☐ Change ☐ Addition
NAME	VALKEMA, ROY	4 2 NAME		
STREET ADDRESS	5412 EAST F. G. AVE.	4 3 STREET ADDRESS		
CITY-ST-ZIP	KALAMAZOO MI	4 4 CITY-ST-ZIP		
TITLE	D	5 1 TITLE	D	☒ Change ☐ Addition
NAME	PRISK, ALBERT	5 2 NAME	Lasko, George	
STREET ADDRESS	8 PEPITA WAY	5 3 STREET ADDRESS	5433 Trammell Street	
CITY-ST-ZIP	FT MYERS BCH FL	5 4 CITY-ST-ZIP	Naples, FL 33962	
TITLE	T	6 1 TITLE		☐ Change ☐ Addition
NAME	BAIER, MYRNA	6 2 NAME		
STREET ADDRESS	119 WEST GARFIELD	6 3 STREET ADDRESS		
CITY-ST-ZIP	CISSNA PK IL	6 4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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.

6/14/95 (941) 694-2389

SIGNATURE: [signature] JAMES M. HARRELL (813) 597-9715
SIGNATURE AND TYPED OR PRINTED NAME OF EDITING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015305