

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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # 750680 (1)

1. Corporation Name
RIVER WILDERNESS OF EVERGLADES CITY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**210 COLLIER AVE
P O BOX 380
EVERGLADES FL 33929-0380
US**

Mailing Address
**210 COLLIER AVE
P O BOX 380
WVERGLADES CITY FL 33929-0380
US**

3. Date Incorporated or Qualified
01/21/1980

3a. Date of Last Report
06/28/1995

4. FEI Number
65-0085155

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 **Everglades City**

29 Zip Country

30

9. Name and Address of Current Registered Agent

**RICHMAN KENNETH W JA ESO
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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, ELROD	
STREET ADDRESS	6311 SW THIRD ST.	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAIER, RICHARD	
STREET ADDRESS	119 WEST GARFIELD	
CITY-ST-ZIP	CISSNA PK IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HARRELL, JAMES	
STREET ADDRESS	955 PALM VIEW DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VALKEMA, ROY	
STREET ADDRESS	5412 EAST F. G. AVE.	
CITY-ST-ZIP	KALAMAZOO MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LASKO, GEROGE	
STREET ADDRESS	5433 TRAMMELL ST	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAIER, MYRNA	
STREET ADDRESS	119 WEST GARFIELD	
CITY-ST-ZIP	CISSNA PK IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Viola	
1.3 STREET ADDRESS	80 Fiddlers Circle	
1.4 CITY-ST-ZIP	Hyannis, MA 02601	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walter Rudd	
2.3 STREET ADDRESS	347 Citrus Ridge Drive	
2.4 CITY-ST-ZIP	Davenport, FL 33837	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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: *Myrna L. Baier* **Myrna L. Baier - T** **March 1, 1996** (941)695-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)