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NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

DOCUMENT #

Principal Place of Business

750680

(1)

RIVER WILDERNESS OF EVERGLADES CITY CONDOMINIUM ASSOCIATION, INC.

210 COLLIER AVE P O BOX 380

Mailing Address

210 COLLIER AVE P O BOX 380

FILED Mar 05 1996 8:00 am Secretary of State



EVERGLADES FL 33829-0380			WVERGLADES CITY FL 33929-0380			<u> </u>					
	US		US				3. Date	Incorporated or Qualified 1/21/1980		te of Las 06/28/	
2. Principal Pla 21	ace of Business		2a. Mailing Address				4. FEI N	lumber			Applied For
	Suite, Apt. #, etc.			26 Suite, Apt. #, etc. 27				65-0085155			Not Applicable
2			27					5. Certificate of Status Desired See Require			
´	City & State			City & State			6. Election Campaign Financing \$5.00				00 May Be
3			28 Everglade				Trust	Fund Contribution			ed to Fees
Zip 1	Country Zip 25 29			Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ★★ No				
	9. Name and	Address of Curr	rent Registered Agent					e and Address of New			
					81	Name					
	n Kenneth W				82 Street		Address (P.O. Bo	x Number is Not Accepta	hla)		
2640 GO	DLDEN GATE P	ARK,				5.50,17		A PROTECTION IS NOT MODERLY	ıı.√C)		
SUITE 20					83						
NAPLES	FL 33942				0.4	<u> </u>					
					84	City			FI	85 Z	ip Code
11. Pursuant t	to the provisions o	f Sections 617.05	02 and 617.1508, Florida State	utes, the abo	LLLL Ove-n	amed co	progration submits	this statement for the nu	ironse of cha	poing its	rogistared office
			orida. Such change was author ection 617.0503, Florida Statut		corpo	oration's	board of directors	s. I hereby accept the app	pointment as	registered	d agent. I am
	in, one accept the	obligations of de	schori o i r.0003, rionda Statuti	es.							
SIGNATURE _	Signature, typed or print	ed name of registered ag-	ent and title if applicable.	NOTE: Booistere	d Agent	sinnaturu re	aquired when reinstating		DATE		
2.			AND DIRECTORS	13.		og latar. It		TIONS/CHANGES 10 OF		DIRECTO	ORS IN 12
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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.

SIG	NA	TU	IRE

Myrna L. Baier - T

March 1, 1996 (941)695-4499