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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **750680** **(1)**

1. Corporation Name

RIVER WILDERNESS OF EVERGLADES CITY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
210 COLLIER AVE P O BOX 380 EVERGLADES FL 33929-0380 US	210 COLLIER AVE P O BOX 380 EVERGLADES CITY FL 34139-0380 US

3. Date Incorporated or Qualified: 01/21/1980
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

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

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VIOLA, JOHN		1.2 NAME		
STREET ADDRESS	80 FIDDLERS CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HYANNIS MA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LASKO, GEROGE		5.2 NAME		
STREET ADDRESS	5433 TRAMMELL ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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 (9/96)

14. I do 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.

SIGNATURE: Myrna Baier Myrna Baier 3-18-97 941-695-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060490