

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90023 016 ****61.25

DOCUMENT # 750680

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
EVERGLADES CITY FL 33929-0380
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
34139-0380 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
34139-0380 30

3. Date Incorporated or Qualified

01/21/1980

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

9. Name and Address of Current Registered Agent

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

New Zip Code Only,

34105-3203

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P RUDD, WALTER**
STREET ADDRESS **347 CITRUS RIDGE DRIVE**
CITY-ST-ZIP **BATTLE CREEK MI 49014**

TITLE ☐ DELETE
NAME **VP VIOLA, JOHN**
STREET ADDRESS **80 FIDDLERS CIRCLE**
CITY-ST-ZIP **HYANNIS MA 02601**

TITLE ☐ DELETE
NAME **D WILBERT, F ROBERT**
STREET ADDRESS **103 VALE STREET**
CITY-ST-ZIP **BATTLE CREEK MI 49014**

TITLE ☐ DELETE
NAME **D VALKEMA, ROY**
STREET ADDRESS **5412 EAST F. G. AVE.**
CITY-ST-ZIP **KALAMAZOO MI**

TITLE ☐ DELETE
NAME **D LASKO, GEROGE**
STREET ADDRESS **5433 TRAMMELL ST**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **T 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Myrna Baier* SIGNATURE REQUIRED Myrna Baier, Treasurer 3-24-99 (941) 695-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)