

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90072 045 ****61.25

DOCUMENT # 750680 1. Entity Name RIVER WILDERNESS OF EVERGLADES CITY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 210 COLLIER AVE P O BOX 380 EVERGLADES, FL 34139-0380 US			Mailing Address 210 COLLIER AVE P O BOX 380 EVERGLADES, FL 34139-0380 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent RICHMAN KENNETH W JA ESQ 8955 FONTANA DEL SOL WAY P.O. BOX 111682 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OWENS, JOHN B <input type="checkbox"/> Delete 7601 SW 134TH AVENUE MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAIER, RICHARD D <input type="checkbox"/> Delete P.O. BOX 8 - 402 N. 1ST STREET CISSNA PARK, IL 60924		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALKEMA, ROY <input type="checkbox"/> Delete 5412 EAST F. G. AVE. KALAMAZOO, MI		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIEFVATOR, JOHN <input type="checkbox"/> Delete 225 CLINTON RD NEW HARTFORD, NY 13413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAIER, MYRNA <input type="checkbox"/> Delete P.O. BOX 8 - 402 N. 1ST STREET CISSNA PARK, IL 609240008		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, SUZANNA <input type="checkbox"/> Delete 1070 23RD ST SW NAPLES, FL 34117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, SUSANA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Myrna L. Baier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-10-06 239-695-4499 ext 105 <small>Date Daytime Phone #</small>		

More on pg 2

Pg 2

ATTACHMENT

40029530

Block 11- add new director

~~#750680~~

D

NAP, MARK

10223 West Y AVE

Schoolcraft, MI 49087